

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

320 FIRST STREET SE

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00075820

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

Electronically Filed by Keith A. Davis

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 3187

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2010</div>		2674277.42
(b) Cash on Hand at Beginning of Reporting Period .....	11290349.59	
(c) Total Receipts (from Line 19) .....	24670711.22	95709792.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35961060.81	98384070.26
7. Total Disbursements (from Line 31) .....	31312998.61	93736008.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4648062.20	4648062.20
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	12000000.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 3187

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	3189252.68	24057422.07
(ii) Unitemized .....	1058030.91	21244277.98
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4247283.59	45301700.05
(b) Political Party Committees .....	10000.00	10000.00
(c) Other Political Committees (such as PACs) .....	5960398.12	32611277.08
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10217681.71	77922977.13
12. Transfers From Affiliated/Other Party Committees .....	2051082.60	4690314.92
13. All Loans Received .....	12000000.00	12000000.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	41446.91	132450.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	360500.00	964050.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24670711.22	95709792.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24670711.22	95709792.84

## DETAILED SUMMARY PAGE

of Disbursements

4 / 3187

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3940553.10	38765252.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3940553.10	38765252.16
22. Transfers to Affiliated/Other Party Committees.....	1337500.00	3536293.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	100000.00	576042.78
24. Independent Expenditure (use Schedule E) .....	23781647.45	44525486.29
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	1929521.75	6038993.25
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees .....	1136.00	39255.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1136.00	44255.27
29. Other Disbursements.....	222640.31	249685.31
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31312998.61	93736008.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31312998.61	93736008.06



**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

**5 / 3187**

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10217681.71	77922977.13
34. Total Contribution Refunds (from Line 28(d)) .....	1136.00	44255.27
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10216545.71	77878721.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3940553.10	38765252.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	41446.91	132450.79
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3899106.19	38632801.37

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER P. NOBER

Mailing Address 3301 MOSS HOLLOW

City

FORT WORTH

State

TX

Zip Code

76109-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BNSF CO,

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961181

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROSA S. ABALO

Mailing Address 4520 SW 100TH. AVE

City

MIAMI

State

FL

Zip Code

33165-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939277

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROSA S. ABALO

Mailing Address 4520 SW 100TH. AVE

City

MIAMI

State

FL

Zip Code

33165-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957434

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5080.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MOHAMMAD J. ABBASI

Mailing Address 2690 S 700 E APT 206

City

SALT LAKE CITY

State

UT

Zip Code

84106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954568

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MOHAMMAD J. ABBASI

Mailing Address 2690 S 700 E APT 206

City

SALT LAKE CITY

State

UT

Zip Code

84106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969284

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID ABBOTT

Mailing Address 19 FAIRWAY DRIVE

City

QUARRYVILLE

State

PA

Zip Code

17566-9292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943801

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN S. ABBOTT

Mailing Address 1411 N 13TH. ST.

City

CAMBRIDGE

State

OH

Zip Code

43725-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936045

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL ABBOTT

Mailing Address 2809 45TH COURT SE

City

OLYMPIA

State

WA

Zip Code

98501-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972859

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWIN G. ABRAHAMS

Mailing Address 2623 W SALE RD

City

LAKE CHARLES

State

LA

Zip Code

70605-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952900

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MAGID ABRAHAM

Mailing Address 1018 MURPHY DRIVE

City

GREAT FALLS

State

VA

Zip Code

22066-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNSCORE

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13943029

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH ABRAWOWITZ

Mailing Address P.O. BOX 958

City

SOUTHPORT

State

CT

Zip Code

06890-0958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE CARLYLE GROUP

Occupation  
HEALTH CARE ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13965478

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA E. ABRAMSON

Mailing Address 5 GOODMAN LN

City

WAYLAND

State

MA

Zip Code

01778-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BENLLEY UNIVERSITY

Occupation  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951218

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLAIR W. ABTS

Mailing Address 1657 HUNTINGTON DR. APT. 125

City

DUARTE

State

CA

Zip Code

91010-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930647

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANGELINA ACERRA

Mailing Address 6822 60TH RD.

City

MASPETH

State

NY

Zip Code

11378-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955110

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY ACERRA

Mailing Address 700 VICTORY BLVD APT 10M

City

STATEN ISLAND

State

NY

Zip Code

10301-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYS COURTA

Occupation  
NYS COURT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956188

Amount of Each Receipt this Period

6.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

81.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. IRWIN ACKERMAN

Mailing Address 93 SHARON RD

City

LAKEVILLE

State

CT

Zip Code

06039-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACKLIN ASSOCIATES LLP

Occupation

REAL ESTATE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929772

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. ACKER

Mailing Address 1606 MONTCLIFF DR.

City

DOTHAN

State

AL

Zip Code

36303-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935500

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. ACKLEY

Mailing Address 13506 BALCREST DR

City

HOUSTON

State

TX

Zip Code

77070-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940979

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20251.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUDY ADAIR

Mailing Address 1006 ANTLER DR.

City

SUMMIT

State

MS

Zip Code

39666-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCOMB PRINTING, INC.

Occupation

COMMERCIAL PRINTING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13960710

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. ADAMOWICZ

Mailing Address 223 W WASHINGTON BLVD

City

LOMBARD

State

IL

Zip Code

60148-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

831.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946560

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. ADAMOWICZ

Mailing Address 223 W WASHINGTON BLVD

City

LOMBARD

State

IL

Zip Code

60148-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

831.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954514

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. ADAMOWICZ

Mailing Address 223 W WASHINGTON BLVD

City

LOMBARD

State

IL

Zip Code

60148-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972082

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DARRELL W. ADAMS

Mailing Address 770 ORCHID HILL LN

City

ARGYLE

State

TX

Zip Code

76226-4524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951448

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DONNA M. ADAMS

Mailing Address 928 E 100 N

City

BRIGHAM CITY

State

UT

Zip Code

84302-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945113

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY ADAMS

Mailing Address 3420-H W. MACARTHUR BLVD

City

SANTA ANA

State

CA

Zip Code

92704-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938808

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GARY ADAMS

Mailing Address 3420-H W. MACARTHUR BLVD

City

SANTA ANA

State

CA

Zip Code

92704-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938809

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GARY ADAMS

Mailing Address 3420-H W. MACARTHUR BLVD

City

SANTA ANA

State

CA

Zip Code

92704-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951082

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY ADAMS

Mailing Address 3420-H W. MACARTHUR BLVD

City

SANTA ANA

State

CA

Zip Code

92704-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958210

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LESTER D. ADAMS

Mailing Address 4915 33RD AVE CT E

City

TACOMA

State

WA

Zip Code

98443-1580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949780

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY U. ADAMS

Mailing Address 5708 MAGGIE RUN LN

City

FUQUAY VARINA

State

NC

Zip Code

27526-7346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931649

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 3187

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. ADAMS

Mailing Address 1054 NEPTUNE AVE

City

ENCINITAS

State

CA

Zip Code

92024-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IRIS

Occupation

MOLECULAR DIAGNOSTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955903

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. WALTRAUD H. ADAMS

Mailing Address 10926 MULBERRY ST

City

SEBASTIAN

State

FL

Zip Code

32958-8112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918480

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY ELIZABETH ADDERLY

Mailing Address 2456 CALLE DEL ORO

City

LA JOLLA

State

CA

Zip Code

92037-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961237

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2870.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL ADDY

Mailing Address 6326 VANDERBILT STREET

City

HOUSTON

State

TX

Zip Code

77005-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932242

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. ADEE

Mailing Address P.O. BOX 368

City

BRUCE

State

SD

Zip Code

57220-0368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Transaction ID: SA11.13965623

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARTIN J. ADELMAN

Mailing Address 29820 WOODLAND DR.

City

SOUTHFIELD

State

MI

Zip Code

48034-1339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGE WASHINGTON UNIVERS-  
ITYOccupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946378

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHELLEY F. ADELSON

Mailing Address 20 SANKATY CIRCLE

City

HENDERSON

State

NV

Zip Code

89052-6670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942472

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARRY ADJMI

Mailing Address 518 AVENUE T

City

BROOKLYN

State

NY

Zip Code

11223-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ONE STEP UP, LTD

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953346

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BARBARA F. ADRIC

Mailing Address 2767 E ATSINA DR

City

SIERRA VISTA

State

AZ

Zip Code

85650-8607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956767

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SANTENDRA AGRAWAL

Mailing Address 3908 AUTUMN DR

City

HURON

State

OH

Zip Code

44839-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934724

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SANTENDRA AGRAWAL

Mailing Address 3908 AUTUMN DR

City

HURON

State

OH

Zip Code

44839-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934855

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SANTENDRA AGRAWAL

Mailing Address 3908 AUTUMN DR

City

HURON

State

OH

Zip Code

44839-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936283

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SANJIV AHUJA

Mailing Address 22 EATON PLACE  
FLAT 1

City State Zip Code  
LONDON, ENGLAND SW

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIGHT SQUARED

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961178

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City State Zip Code  
TARZANA CA 91356-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & M MANAGEMENT LLC

Occupation  
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2105.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929762

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City State Zip Code  
TARZANA CA 91356-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & M MANAGEMENT LLC

Occupation  
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2105.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13944733

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City

TARZANA

State

CA

Zip Code

91356-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & M MANAGEMENT LLC

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2105.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951671

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City

TARZANA

State

CA

Zip Code

91356-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & M MANAGEMENT LLC

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2105.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959013

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City

TARZANA

State

CA

Zip Code

91356-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & M MANAGEMENT LLC

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2105.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964503

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City

TARZANA

State

CA

Zip Code

91356-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & M MANAGEMENT LLC

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2105.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967180

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TED E. AINSBAUGH

Mailing Address 1302 24TH ST. W. #329

City

BILLINGS

State

MT

Zip Code

59102-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971449

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KATHERINE D. AINSLIE

Mailing Address P.O. BOX 589

City

INGRAM

State

TX

Zip Code

78025-0589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955776

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MAX T. AINSWORTH

Mailing Address 771 HIGHPOINT DRIVE

City

BYRAM

State

MS

Zip Code

39272-9387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966471

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HAROLD L. AIRINGTON

Mailing Address 70 WESTBAY DR

City

KILMARNOCK

State

VA

Zip Code

22482-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969291

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. AITKEN

Mailing Address 15619 GETTYSBURG DR.

City

TOMBALL

State

TX

Zip Code

77377-8608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGME INC

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949687

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FADI ALAMEDDINE

Mailing Address 14103 RIVER FOREST DRIVE

City

HOUSTON

State

TX

Zip Code

77079-6808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958244

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LYNN ALAXANDER

Mailing Address 3120 LEXINGTON RD.

City

NICHOLASVILLE

State

KY

Zip Code

40356-9797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943170

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT I. ALBERT

Mailing Address 9588 TERRACE PL. APT. 11  
APARTMENT 11

City

DES PLAINES

State

IL

Zip Code

60016-3963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972133

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT I. ALBERT

Mailing Address 9588 TERRACE PL. APT. 11  
APARTMENT 11

City State Zip Code  
DES PLAINES IL 60016-3963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972147

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES ALBRIGHT

Mailing Address 2911 W LANE DR.

City State Zip Code  
HOUSTON TX 77027-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY SMITH BARN-  
EY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

STOCKBROKER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935670

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROBERTA ALCORN

Mailing Address 22410 SUMNER BUCKLEY HWY E.

City State Zip Code  
BUCKLEY WA 98321-9269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959021

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHERINE H. ALDEN

Mailing Address 440 MANZANITA WAY

City

WOODSIDE

State

CA

Zip Code

94062-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOODSIDE HOTELS & RESORTS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11A.13977523

Amount of Each Receipt this Period

2000.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR N. ALDERSON

Mailing Address 6 CANTERBURY PARK

City

BENTONVILLE

State

AR

Zip Code

72712-4088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13972723

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MURRAY Y. ALDERFER

Mailing Address 42 CRESCENT CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950718

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES F. ALEXANDER

Mailing Address 111 N POMPAN0 BEACH BLVD

City

POMPAN0 BEACH

State

FL

Zip Code

33062-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972830

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES H. ALEXANDER

Mailing Address 1025 W LINDO AVE

City

CHICO

State

CA

Zip Code

95926-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959965

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. ALEXANDER

Mailing Address 502 S 7TH ST

City

LAFAYETTE

State

IN

Zip Code

47901-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEATTLE MARINERS

Occupation  
BASEBALL SCOUT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954975

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EARL E. ALEXANDER

Mailing Address 204 WESTGATE DR

City

NAPA

State

CA

Zip Code

94558-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951498

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH ALEXANDER

Mailing Address 437 W 44TH ST APT BW  
BSMT BW

City

NEW YORK

State

NY

Zip Code

10036-4452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RANDOM HOUSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ART DIRECTOR

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931572

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOHN ALEXANDER

Mailing Address P.O. BOX 288

City

CAYUCOS

State

CA

Zip Code

93430-0288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950550

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MERVIN E. ALEXANDER

Mailing Address 3409 ZUNI ST.

City

DENVER

State

CO

Zip Code

80211-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940049

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MERVIN E. ALEXANDER

Mailing Address 3409 ZUNI ST.

City

DENVER

State

CO

Zip Code

80211-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940232

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MERVIN E. ALEXANDER

Mailing Address 3409 ZUNI ST.

City

DENVER

State

CO

Zip Code

80211-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944317

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALTER ALEXANDER

Mailing Address P.O. BOX 831

City

AURORA

State

IL

Zip Code

60507-0831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALEXANDER LUMBER CO

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963684

Amount of Each Receipt this Period

900.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARINA M. ALFISHER

Mailing Address 52 NARDELL RD

City

NEWTON CENTER

State

MA

Zip Code

02459-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951395

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL ALFRED

Mailing Address 90 HIGHLAND AVE

City

WORTHINGTON

State

OH

Zip Code

43085-2665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TFS

Occupation

LOAN OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.12

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950994

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT B. ALLBERT

Mailing Address 229 PINEY GROVE PT

City

NEW LONDON

State

NC

Zip Code

28127-8668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939336

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ALETHE M. ALLEN

Mailing Address 4629 GOLDEN APPLES TRL

City

PORT ORANGE

State

FL

Zip Code

32129-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928066

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID DWIGHT ALLEN

Mailing Address 12645 CREEKVIEW DR, UNIT #122

City

SAN DIEGO

State

CA

Zip Code

92128-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GROSSMONT UNION HS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
TEACHER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968031

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EARL ALLEN

Mailing Address 201 BEL AIRE DR

City

CLARKESVILLE

State

GA

Zip Code

30523-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929221

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FORREST J. ALLEN

Mailing Address 22 SANDINGHAM WAY

City

THE WOODLANDS

State

TX

Zip Code

77384-4490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PETR. ENGR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941110

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHIL R. ALLEN

Mailing Address 9723 MAPLEHILL DR

City

DALLAS

State

TX

Zip Code

75238-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946525

Amount of Each Receipt this Period

39.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

194.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD ALLEN

Mailing Address 1201 3RD AVE  
STE 5200

City State Zip Code  
SEATTLE WA 98101-3041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COZEN O'CONNER

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940674

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. TERRY W. ALLEN

Mailing Address 1577 COUNTY LINE ROAD

City State Zip Code  
SHELBYVILLE TN 37160-8028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964830

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. WHITELAW R. ALLEN, JR.

Mailing Address 660 W CALIFORNIA BLVD

City State Zip Code  
PASADENA CA 91105-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INSURANCE

Occupation  
INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938610

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. ALLEY

Mailing Address 12713 SE RANSON RD.

City

LEES SUMMIT

State

MO

Zip Code

64082-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961567

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. ALLEY

Mailing Address 12713 SE RANSON RD.

City

LEES SUMMIT

State

MO

Zip Code

64082-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961580

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CHERYL ALMALLAH

Mailing Address 105 CRANMOOR DR

City

TOMS RIVER

State

NJ

Zip Code

08753-6805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MALLA

Occupation  
PRACTICE ADMINISTRATOR\

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928276

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

111.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. FRANCES ALMAN

Mailing Address 257 HURDLE RD.

City

PELAHATCHIE

State

MS

Zip Code

39145-2878

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972840

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BARBARA J. ALMOND

Mailing Address 235 PONDEROSA LN.

City

ELIZABETH

State

CO

Zip Code

80107-8526

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940132

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT N. ALMON, SR.

Mailing Address 723 CANYON RD N

City

TUSCALOOSA

State

AL

Zip Code

35406-2101

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ALMON ASSOCIATES INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ENGINEER

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944414

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER ALSTON

Mailing Address 8661 YOUNGER CREEK DR

City

SACRAMENTO

State

CA

Zip Code

95828-1028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRIS ALSTONS CHASSISWORKS  
INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942990

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT ALTEMUS

Mailing Address 240 HOSPITAL DR.

City

BUFFALO

State

TX

Zip Code

75831-7546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958486

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. ALTERMATT

Mailing Address 137 OVERLOOK DR

City

LOVELAND

State

OH

Zip Code

45140-6690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928980

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONNY G. ALTMAN

Mailing Address 2623 EAST 26TH PLACE

City

TULSA

State

OK

Zip Code

74114-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTMAN ENERGY INC

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928414

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MONNET ALVAREZ

Mailing Address 7129 DURANGO ST

City

LAS VEGAS

State

NV

Zip Code

89120-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968880

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PEDRO A. ALVAREZ

Mailing Address 5785 SW 118TH ST

City

CORAL GABLES

State

FL

Zip Code

33156-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945376

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET S. AMANN

Mailing Address 4022 S OCEAN BLVD

City

HIGHLAND BEACH

State

FL

Zip Code

33487-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968876

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CRAIG AMATO

Mailing Address 1394 LUTCHER AVE

City

LUTCHER

State

LA

Zip Code

70071-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMALO'S REF.

Occupation  
ELECTRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949006

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SYDNEY J. AMDERSON

Mailing Address 1 MONTEREY TERRACE

City

ORINDA

State

CA

Zip Code

94563-3130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961596

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JUAN R. AMELL

Mailing Address 17003 NORTHGATE FOREST CIRCLE

City

HOUSTON

State

TX

Zip Code

77068-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RED OAK CARDIOVASCULAR CE-  
NTER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928516

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JUAN R. AMELL

Mailing Address 17003 NORTHGATE FOREST CIRCLE

City

HOUSTON

State

TX

Zip Code

77068-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RED OAK CARDIOVASCULAR CE-  
NTER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969812

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. AGNES V. ANDERSON

Mailing Address 890 WIXFORD WAY

City

SACRAMENTO

State

CA

Zip Code

95864-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956732

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. AGNES V. ANDERSON

Mailing Address 890 WIXFORD WAY

City

SACRAMENTO

State

CA

Zip Code

95864-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965612

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ARLINGTON ANDERSON

Mailing Address 283 GERTRUDE AVE

City

FOND DU LAC

State

WI

Zip Code

54935-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1696.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963110

Amount of Each Receipt this Period

165.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ARLINGTON ANDERSON

Mailing Address 283 GERTRUDE AVE

City

FOND DU LAC

State

WI

Zip Code

54935-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1696.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963194

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ARLINGTON ANDERSON

Mailing Address 283 GERTRUDE AVE

City

FOND DU LAC

State

WI

Zip Code

54935-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1696.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13963352

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ARLINGTON ANDERSON

Mailing Address 283 GERTRUDE AVE

City

FOND DU LAC

State

WI

Zip Code

54935-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1696.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13963717

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ARLINGTON ANDERSON

Mailing Address 283 GERTRUDE AVE

City

FOND DU LAC

State

WI

Zip Code

54935-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1696.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13964614

Amount of Each Receipt this Period

165.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

251.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA F. ANDERSON

Mailing Address P.O. BOX 300

City

WHITEHALL

State

NY

Zip Code

12887-0300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939558

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN ANDERSON

Mailing Address 18660 BONNIE LANE

City

BROOKFIELD

State

WI

Zip Code

53045-5435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962339

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES M. ANDERSON

Mailing Address P.O. BOX 5818

City

SANTA FE

State

NM

Zip Code

87502-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955316

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVE ANDERSON

Mailing Address 12807 10TH DR. SE

City

EVERETT

State

WA

Zip Code

98208-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961157

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD ANDERSON

Mailing Address 10020 LORETTA DR. NW

City

ALBUQUERQUE

State

NM

Zip Code

87114-8806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960458

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD A. ANDERSON

Mailing Address 10350 IMPERIAL POINT DRIVE W  
APARTMENT 2

City

LARGO

State

FL

Zip Code

33774-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945925

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

839.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. ANDERSON

Mailing Address 1055 W. JOPPA ROAD  
UNIT 309

City State Zip Code  
TOWSON MD 21204-3769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935118

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE R. ANDERSEN

Mailing Address 108 HUNTERS RUN DRIVE

City State Zip Code  
AIKEN SC 29803-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957013

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HARLAN ANDERSON

Mailing Address 8023 RANCHVIEW LN N

City State Zip Code  
MAPLE GROVE MN 55311-2255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959163

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES K. ANDERSON

Mailing Address 903 CHAUTAUQUA AVE  
P.O. BOX 1188

City State Zip Code  
NORMAN OK 73069-4610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL & GAS EXPLORATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940513

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANET M. ANDERSON

Mailing Address 11 RIDOUT RD

City State Zip Code  
SEVERNA PARK MD 21146-4627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942579

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JIMMY L. ANDERSON

Mailing Address 7608 N 47TH AVE

City State Zip Code  
GLENDALE AZ 85301-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936918

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JIMMY L. ANDERSON

Mailing Address 7608 N 47TH AVE

City

GLENDAL

State

AZ

Zip Code

85301-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957267

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN G. ANDERSON

Mailing Address 7418 SPRING VILLAGE DR APT 219

City

SPRINGFIELD

State

VA

Zip Code

22150-4933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930206

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JUANITA L. ANDERSON

Mailing Address 2011 TRIPPE STREET

City

RICHLAND

State

WA

Zip Code

99354-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939903

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

141.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JUDITH D. ANDERSON

Mailing Address 255 E GREEN ST

City

JEFFERSON

State

WI

Zip Code

53549-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANDERSON ARCHITECTS, LLC

Occupation

ARCHITECT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956435

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LARRY W. ANDERSON

Mailing Address P.O. BOX 7726

City

HORSESHOE BAY

State

TX

Zip Code

78657-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945706

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEONARD ANDERSON

Mailing Address 4600 DUKE ST APT 1316

City

ALEXANDRIA

State

VA

Zip Code

22304-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950335

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEONARD ANDERSON

Mailing Address 4600 DUKE ST APT 1316

City

ALEXANDRIA

State

VA

Zip Code

22304-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965665

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEONARD ANDERSON

Mailing Address 4600 DUKE ST APT 1316

City

ALEXANDRIA

State

VA

Zip Code

22304-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13967642

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARTA ANDERSEN

Mailing Address 2218 BURDETT AVE  
APT 207

City

TROY

State

NY

Zip Code

12180-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929419

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK J. ANDERSON

Mailing Address 705 ROSE STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-6251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KELLEY DRYE & WARREN

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959399

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD ANDERSON

Mailing Address 345 BRENTWOOD TERRACE

City

ATLANTA

State

GA

Zip Code

30305-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTA AIRLINES, INC.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967219

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MGY SGT. ROBERT ANDERSON

Mailing Address 2040 HILLMAN CIRCLE

City

ORANGE

State

CA

Zip Code

92867-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945680

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10051.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MGY SGT. ROBERT ANDERSON

Mailing Address 2040 HILLMAN CIRCLE

City

ORANGE

State

CA

Zip Code

92867-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946834

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MGY SGT. ROBERT ANDERSON

Mailing Address 2040 HILLMAN CIRCLE

City

ORANGE

State

CA

Zip Code

92867-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972026

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHELLY L. ANDERSON

Mailing Address 17194 SEVEN SPRINGS WAY

City

RIVERSIDE

State

CA

Zip Code

92504-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929422

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEVEN ANDERSON

Mailing Address 105 RED FOX RUN

City

MONTGOMERY

State

IL

Zip Code

60538-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATAPILLER

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929747

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS ANDERSON

Mailing Address 301 HOWELL ST.

City

SCHENECTADY

State

NY

Zip Code

12303-3273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928998

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALTER J. ANDERSON

Mailing Address 5 PALM MEADOWS COURT

City

SUGAR LAND

State

TX

Zip Code

77479-2559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957935

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. ANDERSON, JR.

Mailing Address 1800 CLAIRMONT LAKE, UNIT 624  
APT 624

City State Zip Code  
 DECATUR GA 30033-4041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953783

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. RITA ANDIS

Mailing Address 5315 WIND POINT RD.

City State Zip Code  
 RACINE WI 53402-2322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951385

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NEAL D. ANDRASKO

Mailing Address 10106 THERMON ST

City State Zip Code  
 HOUSTON TX 77075-3412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US GOLF & GAMES

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929023

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOLIVAR C. ANDREWS

Mailing Address 5507 SAUVE

City

HOUSTON

State

TX

Zip Code

77056-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RESTAURANTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940951

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GERALDINE E. ANDREWS

Mailing Address 3855 LEGENDS WAY

City

MARYVILLE

State

TN

Zip Code

37801-8654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956396

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HERBERT ANDREWS

Mailing Address 45 CEZANNE

City

IRVINE

State

CA

Zip Code

92603-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947676

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN D. ANDREWS

Mailing Address 12 ORSINGER FLD

City

SAN ANTONIO

State

TX

Zip Code

78230-1582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936503

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL E. ANDREWS

Mailing Address 700 JENKINS ROAD

City

ALEDO

State

TX

Zip Code

76008-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.T.I. INC.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942462

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL E. ANDREWS

Mailing Address 700 JENKINS ROAD

City

ALEDO

State

TX

Zip Code

76008-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.T.I. INC.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959327

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2001.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STANLEY S. ANDREWS

Mailing Address 1260 HIGHLAND LAKES TRL.

City

BIRMINGHAM

State

AL

Zip Code

35242-6850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963281

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER S. ANERELLA, II

Mailing Address 16 COVERED BRIDGE RD

City

FLEMINGTON

State

NJ

Zip Code

08822-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA MERRILL  
LYNCH

Occupation  
MANAGING DIRECTOR, ELECTRONIC TRADING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951056

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD W. ANGER

Mailing Address 18360 CHRIS CT

City

GLADSTONE

State

OR

Zip Code

97027-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955136

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUE P. ANGLE

Mailing Address 4600 CONLEY AVENUE

City

ODESSA

State

TX

Zip Code

79762-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928957

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SOPHIE C. ANTRIM

Mailing Address 936 S COLE DR.

City

LAKEWOOD

State

CO

Zip Code

80228-3078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934659

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SOPHIE C. ANTRIM

Mailing Address 936 S COLE DR.

City

LAKEWOOD

State

CO

Zip Code

80228-3078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936726

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

101.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED E. ANUNSON

Mailing Address 4000 HIDDEN SPRINGS NE

City

POULSBO

State

WA

Zip Code

98370-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RELIABLE STORAGE

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918887

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. APPELT

Mailing Address 7381 OLD ELM RD

City

FORESTVILLE

State

WI

Zip Code

54213-9630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962341

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. APPLEQUIST

Mailing Address 269 VISTA ROYALE CIR W

City

PALM DESERT

State

CA

Zip Code

92211-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935987

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MIKE APPLING

Mailing Address 8209 MALLIE CT

City

HOUSTON

State

TX

Zip Code

77055-7509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TNT CRANE AND RIGGING INC.

Occupation

CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940486

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LINDA L. ARAUJO-WILSON

Mailing Address 3194 LIME ST.

City

RIVERSIDE

State

CA

Zip Code

92501-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: SA11.13972131

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LUIS F. ARDON

Mailing Address 151 N. DARBY DRIVE

City

ECLECTIC

State

AL

Zip Code

36024-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943299

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

340.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. AREND

Mailing Address 1887 E. 71ST

City

TULSA

State

OK

Zip Code

74136-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTER CHEMOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942982

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. AREND

Mailing Address 1887 E. 71ST

City

TULSA

State

OK

Zip Code

74136-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTER CHEMOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	1	0

Transaction ID: SA11.13966549

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LINDA ARGUINZONI

Mailing Address 107 ARD RD.

City

SEAGOVILLE

State

TX

Zip Code

75159-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ESTATE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13962789

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
LINDA ARGUINZONI

Mailing Address 107 ARD RD.

City State Zip Code  
SEAGOVILLE TX 75159-2401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ESTATE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963628

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ALAN S. ARMSTRONG

Mailing Address ONE WILLIAMS CENTER  
49TH FLOOR

City State Zip Code  
TULSA OK 74172-0150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILLIAMS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928412

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
HUGH W. ARMSTRONG, III

Mailing Address P.O. BOX 745

City State Zip Code  
LEWISTON MI 49756-0745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943335

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHERINE C. ARMSTRONG

Mailing Address 23 WORTHINGTON DR

City

BLOOMFIELD

State

CT

Zip Code

06002-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969912

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. ARMSTRONG

Mailing Address 1207 JANES LN

City

COLORADO SPRINGS

State

CO

Zip Code

80909-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939796

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. ARMSTRONG

Mailing Address 1207 JANES LN

City

COLORADO SPRINGS

State

CO

Zip Code

80909-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940892

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. ARMSTRONG

Mailing Address 1207 JANES LN

City

COLORADO SPRINGS

State

CO

Zip Code

80909-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949616

Amount of Each Receipt this Period

70.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LT. COL. GEORGE T. ARMY

Mailing Address 229 WINDMERE TRL

City

MONETA

State

VA

Zip Code

24121-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937018

Amount of Each Receipt this Period

45.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID ARNETTE

Mailing Address 2155 ALEXANDER BLVD

City

MURFREESBORO

State

TN

Zip Code

37130-9015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNBELT MARKETINGOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942898

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

195.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MAYNARD C. ARNEY

Mailing Address 659 OSBORNE RD. NE APT. 305

City

MINNEAPOLIS

State

MN

Zip Code

55432-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944098

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MAYNARD C. ARNEY

Mailing Address 659 OSBORNE RD. NE APT. 305

City

MINNEAPOLIS

State

MN

Zip Code

55432-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946544

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAYNARD C. ARNEY

Mailing Address 659 OSBORNE RD. NE APT. 305

City

MINNEAPOLIS

State

MN

Zip Code

55432-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953376

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MAYNARD C. ARNEY

Mailing Address 659 OSBORNE RD. NE APT. 305

City

MINNEAPOLIS

State

MN

Zip Code

55432-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956987

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DOYLE L. ARNOLD

Mailing Address 1439 PERRYS HOLLOW DR.

City

SALT LAKE CTY

State

UT

Zip Code

84103-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZIONS BANCORPORATION

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935590

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY ARNOLD

Mailing Address 5133 1ST ST N

City

ARLINGTON

State

VA

Zip Code

22203-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FREELANCE WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961405

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAKE F. ARONOV

Mailing Address PO BOX 235000

City

MONTGOMERY

State

AL

Zip Code

36123-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARONOV PROPERTIES

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942470

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL K. ARRINGTON

Mailing Address 8374 THREE EAGLE DR

City

FORT COLLINS

State

CO

Zip Code

80528-9359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931290

Amount of Each Receipt this Period

425.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT ARRIX

Mailing Address 205 MAIN ST APT 29

City

NEW CANAAN

State

CT

Zip Code

06840-5635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935740

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10525.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANN ARTHUR

Mailing Address 129 RIVERMEAD ROAD

City

PETERBOROUGH

State

NH

Zip Code

03458-1731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13932888

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. ASBURY

Mailing Address 950 EAST PACES FERRY RD.

City

ATLANTA

State

GA

Zip Code

30326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN BENEFIT CORP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964400

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANE C. ASH

Mailing Address 6570 EAST SANTA AURELIA DRIVE

City

TUCSON

State

AZ

Zip Code

85715-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13942473

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10106.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHUCK ASHBY

Mailing Address 14826 SWALE

City

SAN ANTONIO

State

TX

Zip Code

78248-0947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949499

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GEORGIA F. ASHBY

Mailing Address 831 E 2ND SOUTH ST

City

CARLINVILLE

State

IL

Zip Code

62626-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950566

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GEORGIA F. ASHBY

Mailing Address 831 E 2ND SOUTH ST

City

CARLINVILLE

State

IL

Zip Code

62626-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13955163

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

205.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KENNY ASHBY

Mailing Address 1 NORTHRIDGE WAY

City

SANDY

State

UT

Zip Code

84092-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956278

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. ASHER

Mailing Address 3525 CEDAR MOUNTAIN AVENUE

City

MELBOURNE

State

FL

Zip Code

32934-8303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952222

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GENE T. ASHER

Mailing Address 803 E PARK ST.

City

EMMETT

State

ID

Zip Code

83617-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948282

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

365.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS ASHMORE

Mailing Address 1810 SECHRIST COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23454-3547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928125

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GLENN A. ASHMORE

Mailing Address 3104 NW 23RD STREET

City

OKLAHOMA CITY

State

OK

Zip Code

73107-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DENTIST

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972820

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN B. ASHMUN

Mailing Address 2929 BUFFALO SPEEDWAY  
UNIT 2307

City

HOUSTON

State

TX

Zip Code

77098-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OIL &amp; GAS EXPLORATION PRODUCTION

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954884

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. ASPEL

Mailing Address 4820 GLENHOLLOW CIR

City

OCEANSIDE

State

CA

Zip Code

92057-7935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951355

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MYRA J. ASPLUNDH

Mailing Address P.O. BOX 11

City

BRYN ATHYN

State

PA

Zip Code

19009-0011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939769

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DARIUS ASSEMI

Mailing Address 1396 WEST HERNDON AVENUE  
SUITE 101

City

FRESNO

State

CA

Zip Code

93711-7126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRANVILLE HOMES

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942502

Amount of Each Receipt this Period

11000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

11600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FARID ASSEMI

Mailing Address 1396 WEST HERNDON AVENUE  
SUITE 101

City State Zip Code  
FRESNO CA 93711-7126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GRANVILLE HOMES, INC.

Occupation  
HOME BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942515

Amount of Each Receipt this Period

11000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FARSHID ASSEMI

Mailing Address 4250 WEST SHAW AVENUE

City State Zip Code  
FRESNO CA 93722-6226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CENTRAL DISTRIBUTING

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942508

Amount of Each Receipt this Period

8000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD G. ASTINGER, III

Mailing Address 4880 SANTA ROSA ROAD

City State Zip Code  
CAMARILLO CA 93012-5190

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SALEM COMMUNICATIONS CORP.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942503

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

21000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CRAIG R. ASTOR

Mailing Address 5167 L AND N TURNPIKE

City

HODGENVILLE

State

KY

Zip Code

42748-9232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPS

Occupation

AIRCRAFT MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958257

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. ATHERTON

Mailing Address 16 COACHLIGHT DR

City

POUGHKEEPSIE

State

NY

Zip Code

12603-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYSOCA

Occupation

CHEIEF CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946482

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES ATKINS

Mailing Address 661 BERING DR UNIT 210

City

HOUSTON

State

TX

Zip Code

77057-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950000

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

439.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY B. ATKINSON

Mailing Address 8020 FRANKFORD RD APT 316

City

DALLAS

State

TX

Zip Code

75252-6862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941451

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. URSELL B. ATKINS

Mailing Address 417 HAMPTON WEST BLVD

City

MORRISTOWN

State

TN

Zip Code

37814-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937043

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. URSELL B. ATKINS

Mailing Address 417 HAMPTON WEST BLVD

City

MORRISTOWN

State

TN

Zip Code

37814-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937720

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

61.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. URSELL B. ATKINS

Mailing Address 417 HAMPTON WEST BLVD

City

MORRISTOWN

State

TN

Zip Code

37814-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968118

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOSEPHINE L. ATLEY

Mailing Address 495 CRESCENT BLVD

City

CRESCENT

State

PA

Zip Code

15046-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954250

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOSEPHINE L. ATLEY

Mailing Address 495 CRESCENT BLVD

City

CRESCENT

State

PA

Zip Code

15046-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961836

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOSEPHINE L. ATLEY

Mailing Address 495 CRESCENT BLVD

City

CRESCENT

State

PA

Zip Code

15046-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965587

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUSAN ATWELL

Mailing Address 1622 VERAZZANO DR

City

WILMINGTON

State

NC

Zip Code

28405-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947777

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY KEITH AUGTER

Mailing Address 107 N WAYSIDE DR.

City

MCALESTER

State

OK

Zip Code

74501-7630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED DERMATOLOGY INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DIRECTOR

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958476

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS V. AUGUSTIN

Mailing Address 735 SHOREWOOD DR

City

DETROIT LAKES

State

MN

Zip Code

56501-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933026

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS V. AUGUSTIN

Mailing Address 735 SHOREWOOD DR

City

DETROIT LAKES

State

MN

Zip Code

56501-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953997

Amount of Each Receipt this Period

72.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID G. AUL, DVM

Mailing Address 835 N.FORREST

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60004-5812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARE

Occupation  
VET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929799

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

173.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LARRY AUSTERMILLER

Mailing Address 31 CARLTON CIR

City

INVERNESS

State

IL

Zip Code

60010-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961644

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE AUSTIN

Mailing Address 10459 132ND AVE. NE

City

KIRKLAND

State

WA

Zip Code

98033-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918461

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHIZUKO AUSTIN

Mailing Address 21255 JOHN MILLESS DR APT 208

City

ROGERS

State

MN

Zip Code

55374-4725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956738

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN U. AUTRY

Mailing Address 9300 MARBELLA DR.

City

FORT WORTH

State

TX

Zip Code

76126-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966560

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

G AVENT

Mailing Address P.O. BOX 210

City

KINGSTREE

State

SC

Zip Code

29556-0210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953359

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

G AVENT

Mailing Address P.O. BOX 210

City

KINGSTREE

State

SC

Zip Code

29556-0210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972090

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELLEN AVERSA

Mailing Address 29 CENTER ROAD

City

WOODBIDGE

State

CT

Zip Code

06525-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965168

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. TERESA V. AVERSA

Mailing Address 12 HORSEGUARD LN

City

SCARSDALE

State

NY

Zip Code

10583-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928021

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN A. AVERY

Mailing Address 1718 LOS PRADOS TRAIL

City

ARLINGTON

State

TX

Zip Code

76006-6512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AV-TECH INDUSTRIES, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT/OWNER

Aggregate Year-to-Date ▼

868.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967176

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LESLIE F. AVRITT

Mailing Address 2530 RAYMELL DR

City

SAN DIEGO

State

CA

Zip Code

92123-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937490

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED H. AWE

Mailing Address 12000 FM 3139

City

DALHART

State

TX

Zip Code

79022-7623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940452

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARCY AYANIAN

Mailing Address 4233 COOLIDGE AVE

City

LOS ANGELES

State

CA

Zip Code

90066-5415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SINAY CO

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961880

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. AYRES

Mailing Address 22916 STYLES STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954383

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HARDAM S. AZAD

Mailing Address 701 N. POST OAK ROAD  
SUITE 515

City

HOUSTON

State

TX

Zip Code

77024-3970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COM. REALTY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956731

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ARTHUR AZZARA

Mailing Address 16552 FOUNTAIN LN.

City

HUNTINGTON BEACH

State

CA

Zip Code

92647-4370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955666

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. BABST, SR.

Mailing Address 1423 S. MCLEAN BLVD.

City

WICHITA

State

KS

Zip Code

67213-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METAL FINISHING CO. INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957995

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL W. BACHAN

Mailing Address 825 DELAWARE ST

City

WATSONVILLE

State

CA

Zip Code

95076-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931496

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DONALD BACHLEDA

Mailing Address 812 SCHOEN CT

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940456

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

224.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANGELA E. BACHMAN

Mailing Address 12700 OAKDALE VIEW DR

City

EDMOND

State

OK

Zip Code

73013-7554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BACKMAN SERVICES, INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961544

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. BACHMAN

Mailing Address 17 PHEASANT RDG S

City

WILMINGTON

State

DE

Zip Code

19807-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934065

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. BACHMAN

Mailing Address 17 PHEASANT RDG S

City

WILMINGTON

State

DE

Zip Code

19807-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946864

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. BACHMAN

Mailing Address 17 PHEASANT RDG S

City

WILMINGTON

State

DE

Zip Code

19807-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951083

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NORMAN L. BACK

Mailing Address 2812 SIENA ROAD

City

LIVERMORE

State

CA

Zip Code

94550-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAWRENCE LIVERMORE NATL  
LABORATORY

Occupation  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957334

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NORMAN L. BACK

Mailing Address 2812 SIENA ROAD

City

LIVERMORE

State

CA

Zip Code

94550-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAWRENCE LIVERMORE NATL  
LABORATORY

Occupation  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965202

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NORMAN L. BACK

Mailing Address 2812 SIENA ROAD

City

LIVERMORE

State

CA

Zip Code

94550-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAWRENCE LIVERMORE NATL  
LABORATORY

Occupation  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971521

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVE BACKS

Mailing Address 724 E 12TH AVE

City

BOWLING GREEN

State

KY

Zip Code

42101-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALL SEASONS GAS GRILL-FIR-  
ESIDE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928502

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVE BACKS

Mailing Address 724 E 12TH AVE

City

BOWLING GREEN

State

KY

Zip Code

42101-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALL SEASONS GAS GRILL-FIR-  
ESIDE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969498

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERBERT M. BACON

Mailing Address 1135 W 3RD NORTH ST

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMBLÉN COUNTY TM.

Occupation  
JUDGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941671

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ISABELLE M. BACON

Mailing Address 400 PACTOLUS RD.

City

KINGSPORT

State

TN

Zip Code

37663-3094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936497

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CAROLINE BADEN

Mailing Address 4826 AVEDON RD.

City

MOORPARK

State

CA

Zip Code

93021-2419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956085

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

152.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LORIN R. BADER

Mailing Address 3542 W DIVISION ROAD

City

PERU

State

IN

Zip Code

46970-8047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966249

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CYNTHIA BAEHL

Mailing Address 1607 SCENIC MOUNTAIN CT.

City

KINGWOOD

State

TX

Zip Code

77345-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945254

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. VERLYN W. BAER

Mailing Address 203 QUINELLE DR

City

PERRY

State

GA

Zip Code

31069-3772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAY & ASSOC. INCOccupation  
METEROLOGY TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931466

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS N. BAGWELL

Mailing Address 64705 LELAND DRIVE

City

CUMMING

State

GA

Zip Code

30041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN PROTEINS, INC.

Occupation

CHAIRMAN/OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967206

Amount of Each Receipt this Period

3300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALI BAHRAMAN

Mailing Address 1040 VIA VENTANA

City

PLS VRDS EST.

State

CA

Zip Code

90274-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAYTHEON CORP.

Occupation

ENGINEER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946954

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GERALD N. BAILEY

Mailing Address 2717 PATTON RD.

City

GRIFFIN

State

GA

Zip Code

30224-7305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969826

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. IRA V. BAILEY

Mailing Address 45-090 NAMOKU ST APT 1011

City

KANEOHE

State

HI

Zip Code

96744-5319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943708

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. BAILES

Mailing Address 401 10TH ST  
STE. 500

City

HUNTINGTON

State

WV

Zip Code

25701-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969844

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JUDY BAILEY

Mailing Address 713 HERITAGE DR. NE

City

WINTER HAVEN

State

FL

Zip Code

33881-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE FARM

Occupation  
CLAIM REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959026

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

451.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TASE E. BAILEY

Mailing Address 8991 UNIVERSITY PKWY. APT. 218

City

PENSACOLA

State

FL

Zip Code

32514-8499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950093

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WALTER W. BAILEY

Mailing Address 3620 SPRING VALLEY RD

City

BIRMINGHAM

State

AL

Zip Code

35223-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964553

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE L. BAIRD

Mailing Address 110 VANTAGE VIEW DR

City

PETOSKEY

State

MI

Zip Code

49770-9211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931186

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City

CARLSBAD

State

CA

Zip Code

92010-8341

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1751.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13951729

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HARY BAIRD

Mailing Address 22236 WOODLAWN AVE

City

BROOKSVILLE

State

FL

Zip Code

34601-2701

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957100

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. BAIRD

Mailing Address 11 BELLERIVE COUNTRY CLB.

City

SAINT LOUIS

State

MO

Zip Code

63141-7320

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939833

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

251.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH BAIRD

Mailing Address 3737 SOUTHRIDGE WAY

City

OCEANSIDE

State

CA

Zip Code

92056-5427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930155

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH BAIRD

Mailing Address 3737 SOUTHRIDGE WAY

City

OCEANSIDE

State

CA

Zip Code

92056-5427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950324

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RENE W. BAIRD

Mailing Address P.O. BOX 15

City

INVERNESS

State

MS

Zip Code

38753-0015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936286

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BEN F. BAKER

Mailing Address 3400 SE FRANK PHILLIPS  
SUITE 202

City State Zip Code  
BARTLESVILLE OK 74006-2407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951061

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE BAKER

Mailing Address 401 9TH STREET, NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20004-2145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NIXON & PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968688

Amount of Each Receipt this Period

261.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL BAKER

Mailing Address 30573 E SUNSET DR. S

City State Zip Code  
REDLANDS CA 92373-7340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930253

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1462.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROL BAKER

Mailing Address 30573 E SUNSET DR. S

City

REDLANDS

State

CA

Zip Code

92373-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972051

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER BAKER

Mailing Address 401 9TH STREET N.W.  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON PEABODY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968702

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWIN T. BAKER

Mailing Address P.O. BOX 90

City

WAYNE

State

ME

Zip Code

04284-0090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956557

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELISSA M. BAKER

Mailing Address 4902 KAYLAN COURT

City

RICHMOND

State

TX

Zip Code

77407-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957932

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EVERETT L. BAKER

Mailing Address RR 5 BOX 410

City

BUTLER

State

MO

Zip Code

64730-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939228

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE D. BAKER

Mailing Address 921 RIPLEY LN.

City

OYSTER BAY

State

NY

Zip Code

11771-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ESTABROOK CAPITAL MANAGEM-  
ENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INVESTMENT MANAGER

Aggregate Year-to-Date ▼

739.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928730

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE D. BAKER

Mailing Address 921 RIPLEY LN.

City

OYSTER BAY

State

NY

Zip Code

11771-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ESTABROOK CAPITAL MANAG-  
ENT

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945593

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES B. BAKER

Mailing Address 925 RED MESA DR

City

COLORADO SPRINGS

State

CO

Zip Code

80906-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949323

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. BAKER

Mailing Address 1906 OWENS DR.

City

BLOOMINGTON

State

IL

Zip Code

61701-7135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940764

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KAREN JOAN-HYDE BAKER

Mailing Address 3059 FAIRVIEW LANE

City

LONG LAKE

State

MN

Zip Code

55356-9718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931237

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KAREN JOAN-HYDE BAKER

Mailing Address 3059 FAIRVIEW LANE

City

LONG LAKE

State

MN

Zip Code

55356-9718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944061

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD H. BAKER

Mailing Address 9132 HIGHLAND GARDENS RD

City

BATON ROUGE

State

LA

Zip Code

70811-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANAGED FUNDS ASSOCIATION

Occupation  
PRESIDENT/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966054

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2601.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SYBIL S. BAKER

Mailing Address 7255 E QUINCY AVE APT 309  
APARTMENT 309

City State Zip Code  
DENVER CO 80237-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948490

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SYBIL S. BAKER

Mailing Address 7255 E QUINCY AVE APT 309  
APARTMENT 309

City State Zip Code  
DENVER CO 80237-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953070

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. BAKER

Mailing Address 102 STEUBEN DR APT 10  
APT 10

City State Zip Code  
GUILDERLAND NY 12084-9695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946623

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

61.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. BAKER

Mailing Address 5801 CREIGHTON HILL RD

City

LOUISVILLE

State

KY

Zip Code

40207-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13931347

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN BALDERSTON

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODYOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1048.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13968686

Amount of Each Receipt this Period

1048.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM BALDERSTON, III

Mailing Address 28 WHITESTONE LN

City

ROCHESTER

State

NY

Zip Code

14618-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957182

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1348.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LYNNE BALDWIN

Mailing Address 10001 FREDERICK STREET

City

OMAHA

State

NE

Zip Code

68124-2650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BALDWIN HACKETT

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955798

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BALDWIN, JR.

Mailing Address 139 PLANTATION DR

City

SAINT LOUIS

State

MO

Zip Code

63141-8352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935466

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. BALDWIN

Mailing Address 11090 WASHINGTON RD

City

CLINTON

State

IL

Zip Code

61727-9133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930194

Amount of Each Receipt this Period

501.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1151.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LESTER BALE

Mailing Address PO BOX 224

City

HORSE CAVE

State

KY

Zip Code

42749-0224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BALE OIL CO. INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955936

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD J. BALING

Mailing Address 129 VANDER RD

City

WEXFORD

State

PA

Zip Code

15090-7446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINTAR INC

Occupation

ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960395

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARGARET J. BALL

Mailing Address 13434 ABOITE CENTER RD

City

FORT WAYNE

State

IN

Zip Code

46814-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931638

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

660.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY H. BALLENGEE

Mailing Address 2731 WYCLIFFE AVE SW

City

ROANOKE

State

VA

Zip Code

24014-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939466

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JERRY H. BALLENGEE

Mailing Address 2731 WYCLIFFE AVE SW

City

ROANOKE

State

VA

Zip Code

24014-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	0

Transaction ID: SA11.13964540

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. BALMER

Mailing Address 11 OAK PARK LN NE

City

IOWA CITY

State

IA

Zip Code

52240-9180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLUMBER SUPPLY COMPANYOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951610

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

205.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL DAVID BALMERT

Mailing Address 1023 TANGLE BRIAR

City

SEABROOK

State

TX

Zip Code

77586-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948552

Amount of Each Receipt this Period

501.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILL BALTRUSCH

Mailing Address P.O. BOX 111

City

HAVRE

State

MT

Zip Code

59501-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941661

Amount of Each Receipt this Period

1001.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BERNADENE M. BANE

Mailing Address P.O. BOX 146

City

WOLBACH

State

NE

Zip Code

68882-0146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958668

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1527.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID M. BANET

Mailing Address 652 BYERS RD

City

CHESTER SPRINGS

State

PA

Zip Code

19425-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVID M. BANET & ASSOCS

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957640

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KATHY BANG

Mailing Address P.O. BOX 1925

City

CARMEL

State

CA

Zip Code

93921-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928783

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA A. BANKERT

Mailing Address 1025 S US HWY. 421

City

ZIONSVILLE

State

IN

Zip Code

46077-8843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOONE CO

Occupation

OFFICE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962599

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARTIN BANKS

Mailing Address 8440 BURKHART RD.

City

HOUSTON

State

TX

Zip Code

77055-7526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRITAIN ELECTRIC CO

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932271

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CAROL C. BARBER

Mailing Address 2109 BASKET LN APT 706

City

LAWRENCEBURG

State

IN

Zip Code

47025-7769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946906

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES H. BARBER

Mailing Address 1424 STEMLEY BRIDGE RD

City

TALLADEGA

State

AL

Zip Code

35160-6225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963579

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

246.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. H. RIGEL BARBER

Mailing Address 321 W. MENOMONEE STEET

City

CHICAGO

State

IL

Zip Code

60614-5341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940455

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN BARBEY

Mailing Address 1920 SPINDRIFT DRIVE

City

LA JOLLA

State

CA

Zip Code

92037-3352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961823

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD D. BARCLAY

Mailing Address 6512 CHARLES CT

City

MACUNGIE

State

PA

Zip Code

18062-8970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918661

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10415.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALVIN L. BARDEN

Mailing Address 4427 CHAIN O LAKES RD.

City

EAGLE RIVER

State

WI

Zip Code

54521-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949591

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LORRAINE W. BARDSLEY

Mailing Address P.O. BOX 54

City

HOLICONG

State

PA

Zip Code

18928-0054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932880

Amount of Each Receipt this Period

11.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LORRAINE W. BARDSLEY

Mailing Address P.O. BOX 54

City

HOLICONG

State

PA

Zip Code

18928-0054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954606

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

71.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GORDON BARKER

Mailing Address 2037 RIVERKNOLL CT

City

WEST LINN

State

OR

Zip Code

97068-3696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945352

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOWELL R. BARKER

Mailing Address 1517 W SCHWARTZ BLVD

City

LADY LAKE

State

FL

Zip Code

32159-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933165

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. BARKLEY

Mailing Address 12239 WARRIOR TRL

City

KNOXVILLE

State

TN

Zip Code

37922-5462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959061

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

511.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WAYNE S. BARLOW

Mailing Address 116 FOUNDERS DRIVE

City

FLAT ROCK

State

NC

Zip Code

28731-9568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947122

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. BARNA

Mailing Address 122 HEATHER COURT

City

PALM DESERT

State

CA

Zip Code

92260-6748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969258

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. BARNARD

Mailing Address PO BOX 236

City

SAINT PETERS

State

PA

Zip Code

19470-0236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938609

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

286.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL BARNARD, M.D.

Mailing Address 681 PIFER

City

HOUSTON

State

TX

Zip Code

77024-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13977293A

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

CHARGED BACK \$5,000.00 ON  
11/16/2010

**B.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL BARNARD, M.D.

Mailing Address 681 PIFER

City

HOUSTON

State

TX

Zip Code

77024-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13977293B

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. BARNARD

Mailing Address 3423 GLOUCESTER LN

City

GREENSBORO

State

NC

Zip Code

27410-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958362

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 111 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. COSNTANCE C. BARNES

Mailing Address 1509 SALTVALE RD.

City

WYOMING

State

NY

Zip Code

14591-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953112

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. COSNTANCE C. BARNES

Mailing Address 1509 SALTVALE RD.

City

WYOMING

State

NY

Zip Code

14591-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	0

Transaction ID: SA11.13968774

Amount of Each Receipt this Period

11.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD B. BARNES

Mailing Address 427 PINE ST

City

GRASS VALLEY

State

CA

Zip Code

95945-7351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933166

Amount of Each Receipt this Period

21.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

52.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD B. BARNES**

Mailing Address **427 PINE ST**

City State Zip Code  
**GRASS VALLEY CA 95945-7351**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959903

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH M. BARNES**

Mailing Address **PARTRIDGE KNOLL  
 400 PEACEDALE STREET**

City State Zip Code  
**BRISTOL CT 06010-2392**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1250.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961822

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. JACQUELINE BARNES**

Mailing Address **PO BOX 508**

City State Zip Code  
**FORT VALLEY GA 31030-0508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13971027

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**325.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. JACK L. BARNES

Mailing Address 9254 W FOREST DRIVE

City State Zip Code  
ELWOOD IN 46036-8878

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946177

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JACK L. BARNES

Mailing Address 9254 W FOREST DRIVE

City State Zip Code  
ELWOOD IN 46036-8878

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960261

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
LLOYD N. BARNES

Mailing Address 1209 LINDBERGH AVE

City State Zip Code  
ZANESVILLE OH 43701-7717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942164

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARGARET A. BARNES

Mailing Address 2260 BENT CREEK DR.

City

JACKSON

State

MO

Zip Code

63755-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941738

Amount of Each Receipt this Period

241.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER A. BARNES

Mailing Address 21732 CHINQUAPIN RD

City

SPRINGDALE

State

AR

Zip Code

72764-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931461

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL G. BARNEY

Mailing Address 7515 S. CASS AVENUE

City

DARIEN

State

IL

Zip Code

60561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE FARM AGT

Occupation  
INDEPENDANT INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935671

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

641.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS O. BARNETT

Mailing Address 1980 MASSACHUSETTES AVENUE

City State Zip Code  
MCLEAN VA 22101-4910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COVINGTON & BURLING

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928799

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. ELLEN BARON

Mailing Address 14387 FLOURCASTLE COURT

City State Zip Code  
CENTREVILLE VA 20120-3350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USG

Occupation  
SECURITY OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941877

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT J. BARONI

Mailing Address 21 DILLON RD. STE. J

City State Zip Code  
HILTON HEAD ISLAND SC 29926-3657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOCIATED CONSTRUCTION  
CONSULTANTS, I

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928895

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MISS ANGIE BARR**

Mailing Address **151 LYNN DR NW**

City State Zip Code  
**ROME GA 30165-6167**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**470.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972058

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES BARR**

Mailing Address **78613 ALLIANCE WAY**

City State Zip Code  
**PALM DESERT CA 92211-3071**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957360

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. DIANE BARRETT**

Mailing Address **297 BEE TREE PT**

City State Zip Code  
**LAKE LURE NC 28746-8601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13970039

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ROSE M. BARRETT**

Mailing Address **10025 N E 129TH PLACE**

City State Zip Code  
**KIRKLAND WA 98034-2801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EVERGREEN WASHELLI FUNERAL**

Occupation  
**RECEPTIONIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**231.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928909

Amount of Each Receipt this Period

**55.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM E. BARRETT**

Mailing Address **P.O. BOX 366**

City State Zip Code  
**LEXINGTON NE 68850-0366**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946638

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. BRENDAN BARRICK**

Mailing Address **319 HODENCAMP RD APT 80**

City State Zip Code  
**THOUSAND OAKS CA 91360-5635**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SECRETS SECURITY SERVICES**

Occupation  
**SENIOR TAX ANALYST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13918624

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**180.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONALD BARRICK

Mailing Address 7 VAN WYCK LN.

City

HUNTINGTON

State

NY

Zip Code

11743-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931752

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HUEY P. BARRILLEAUX

Mailing Address 1310 FAWN RIDGE DR

City

DUNCANVILLE

State

TX

Zip Code

75137-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949633

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NOLAN BARRICK

Mailing Address 1717 NORFOLK AVE APT 1123  
APT 1123

City

LUBBOCK

State

TX

Zip Code

79416-6088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942001

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NOLAN BARRICK

Mailing Address 1717 NORFOLK AVE APT 1123  
APT 1123

City State Zip Code  
LUBBOCK TX 79416-6088

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958938

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BARRON

Mailing Address 611 MARLOWE STREET

City State Zip Code  
FREDERICKTOWN MO 63645-1715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956937

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BARRON

Mailing Address 611 MARLOWE STREET

City State Zip Code  
FREDERICKTOWN MO 63645-1715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958895

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BARRON

Mailing Address 611 MARLOWE STREET

City

FREDERICKTOWN

State

MO

Zip Code

63645-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966260

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERTA BARRON

Mailing Address 180 EAST PEARSON STREET APT 35

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935512

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ADOLYN C. BARTELS

Mailing Address P.O. BOX 246

City

INMAN

State

KS

Zip Code

67546-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961643

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES J. BARTER

Mailing Address 274 JACKSON BLVD

City

MOBILE

State

AL

Zip Code

36609-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955726

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARLENE G. BARTEL

Mailing Address 6660 CRAMPTON CT

City

SAN DIEGO

State

CA

Zip Code

92119-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NKM INC

Occupation  
MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952993

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW F. BARTH

Mailing Address 2200 CHAUCER ROAD

City

SAN MARINO

State

CA

Zip Code

91108-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL GROUP COMPANIES

Occupation  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948191

Amount of Each Receipt this Period

12700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

12790.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM OSCAR BARTHOLOMAUS

Mailing Address 8550 LE BERTHON ST.

City

SUNLAND

State

CA

Zip Code

91040-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933182

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EDWARD R. BARTLEY

Mailing Address 12811 KENT CT.

City

CARMEL

State

IN

Zip Code

46032-8648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST RADIOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940624

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EDWARD R. BARTLEY

Mailing Address 12811 KENT CT.

City

CARMEL

State

IN

Zip Code

46032-8648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST RADIOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953643

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SLEETA A. BARTLETT

Mailing Address 12803 S 29TH E AVE

City

BIXBY

State

OK

Zip Code

74008-3664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928258

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BETTYE D. BARTO

Mailing Address 2063 BRAWLEY SCHOOL RD.

City

MOORESVILLE

State

NC

Zip Code

28117-7082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935685

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BETTYE D. BARTO

Mailing Address 2063 BRAWLEY SCHOOL RD.

City

MOORESVILLE

State

NC

Zip Code

28117-7082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950865

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

305.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. PATRICK M. BARTON**

Mailing Address **20828 BRIMSTONE RD.**

City State Zip Code  
**CEDAREDGE CO 81413-8327**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13949090**

Amount of Each Receipt this Period

**55.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT J. BARTON, JR.**

Mailing Address **4101 LAUREL GREEN CIR.**

City State Zip Code  
**VIRGINIA BEACH VA 23456-6351**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CITY OF VIRGINIA BEACH**

Occupation  
**SYSTEM ANALYST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941843**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. CAROL BUSH BASHANT**

Mailing Address **55 VENETIAN DR**

City State Zip Code  
**LK HOPATCONG NJ 07849-2223**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13962681**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**290.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 125 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES K. BASKIN

Mailing Address P.O. BOX 1380

City

MENLO PARK

State

CA

Zip Code

94026-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954991

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH L. BASRALIAN

Mailing Address 710 ONEIDA TRL

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINNE, BANTA

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	0

Transaction ID: SA11.13928793

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. BASS

Mailing Address 11368 BERTS LN

City

HAMMOND

State

LA

Zip Code

70401-4737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CARPENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955859

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

725.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. BASTON

Mailing Address 617 MOELLER AVENUE

City

CINCINNATI

State

OH

Zip Code

45217-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936898

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. BASTON

Mailing Address 617 MOELLER AVENUE

City

CINCINNATI

State

OH

Zip Code

45217-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961732

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ED S. BATCHELDER

Mailing Address 9808 FIELDCREST DR

City

OMAHA

State

NE

Zip Code

68114-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U S CHECK BOOK CO

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957722

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KATHY BATCHA

Mailing Address 4314 TIMBER GREEN

City

DALLAS

State

TX

Zip Code

75287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IDD

Occupation

HEALTHCARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959045

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND E. BATCHELOR

Mailing Address PO BOX 701166

City

TULSA

State

OK

Zip Code

74170-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BHC PIPE & EQUIPMENT

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942978

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GORDON W. BATES

Mailing Address 750 COURTNEY DR

City

CROWN POINT

State

IN

Zip Code

46307-4364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965316

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 128 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE E. BATHGATE, II

Mailing Address 701 EAST AVENUE

City

BAY HEAD

State

NJ

Zip Code

08742-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BATHGATE, WEGENER & WOLF

Occupation

SR. PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13958248

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BEATRICE BATT

Mailing Address PO BOX 116

City

THOMPSONS

State

TX

Zip Code

77481-0116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945330

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MELVIN L. BATTLES, III

Mailing Address 33 EAGLE CREEK DR

City

NORWALK

State

OH

Zip Code

44857-8850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933550

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1210.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY L. BATTS

Mailing Address 104 LAKESIDE DR.

City

WARNER ROBINS

State

GA

Zip Code

31088-5624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944283

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARGARET BAUEE

Mailing Address 16 TIDE WATER

City

IRVINE

State

CA

Zip Code

92614-7448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937106

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CEO E. BAUER

Mailing Address 122 N ITHACA ST

City

ITHACA

State

MI

Zip Code

48847-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954405

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

701.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELEANOR M. BAUER

Mailing Address 11510 ORLEANS LN.

City

PORT RICHEY

State

FL

Zip Code

34668-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952036

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELEANOR M. BAUER

Mailing Address 11510 ORLEANS LN.

City

PORT RICHEY

State

FL

Zip Code

34668-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953510

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. BAUMGARTNER, JR.

Mailing Address 2886 HIGHLAND AVE

City

BROOMALL

State

PA

Zip Code

19008-1059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935505

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. PAUL L. BAUMGRAS

Mailing Address 3079 JODECO DR

City State Zip Code  
JONESBORO GA 30236-5319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954735

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. BARBARA N. BAUR

Mailing Address 5307 WESTMINSTER PLACE

City State Zip Code  
PITTSBURGH PA 15232-2120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957707

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
HILTON BAXTER

Mailing Address 216 BIG BAXTER RD.

City State Zip Code  
SPRINGHILL LA 71075-4823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944266

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1026.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. FRANCES E. BAYRACK

Mailing Address 155 E WYLAND WAY

City

MONROVIA

State

CA

Zip Code

91016-5043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952162

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. FRANCES E. BAYRACK

Mailing Address 155 E WYLAND WAY

City

MONROVIA

State

CA

Zip Code

91016-5043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961599

Amount of Each Receipt this Period

61.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAX BAYS

Mailing Address 2916 COLD SPRING WAY

City

CROFTON

State

MD

Zip Code

21114-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERKLE INC

Occupation  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945273

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

221.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RONALD T. BEACH

Mailing Address P.O. BOX 682

City

CREEDE

State

CO

Zip Code

81130-0682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933311

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BART BEAL

Mailing Address 1223 PASSAGE WAY

City

PLAINFIELD

State

IN

Zip Code

46168-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINERGY CORP

Occupation  
OPERATIONS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951574

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. BEAL, JR.

Mailing Address 60 COLUMBUS CIRCLE  
19TH FLOOR

City

NEW YORK

State

NY

Zip Code

10023-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RELATED COMPANIES, INC.

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945235

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5261.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE C. BEALS**

Mailing Address **1404 LEWIS RIDGE VIEW**

City State Zip Code  
**COLORADO SPRINGS CO 80907-7141**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955056

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RALPH K. BEALS**

Mailing Address **410 N VINE ST.**

City State Zip Code  
**STEWARDSON IL 62463-1060**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**351.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954303

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. GAIL B. BEAM**

Mailing Address **581 WOODS RD**

City State Zip Code  
**HARRISONBURG VA 22801-2305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**TRUCK DRIVER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13957696

Amount of Each Receipt this Period

**160.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**510.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DIXIE L. BEAR

Mailing Address 21 GLEN ECHO

City

TRABUCO CYN

State

CA

Zip Code

92679-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959128

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOANNE BEAR

Mailing Address 3510 E KIEHL AVE APT. 1003

City

SHERWOOD

State

AR

Zip Code

72120-3572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948784

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOYCE P. BEARD

Mailing Address 428 TREMONT PARK DR. SE

City

LENOIR

State

NC

Zip Code

28645-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948868

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOYCE P. BEARD

Mailing Address 428 TREMONT PARK DR. SE

City

LENOIR

State

NC

Zip Code

28645-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960270

Amount of Each Receipt this Period

185.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARY H. BEARDEN

Mailing Address 7277 ABERDEEN PARKWAY E

City

TULSA

State

OK

Zip Code

74132-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968979

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. AMOS T. BEASON

Mailing Address P.O. BOX 837

City

LAGRANGE

State

GA

Zip Code

30241-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY AND BARNERY

Occupation  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928796

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LAPREATT A BEAUCHAMP

Mailing Address 15932 PRELL CT

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-1155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949987

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LAPREATT A BEAUCHAMP

Mailing Address 15932 PRELL CT

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-1155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963321

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. M CAROLYN BEAUCHAMP

Mailing Address P.O. BOX 112

City

PERRYVILLE

State

MD

Zip Code

21903-0112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955299

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MAURICE BEAZLEY

Mailing Address 101 SILVER SPRING DR

City

LOCUST GROVE

State

VA

Zip Code

22508-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930132

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. BECK

Mailing Address 854 PINE VALLEY RD

City

NEW RINGGOLD

State

PA

Zip Code

17960-9402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936937

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NICK BECKWITH

Mailing Address P.O. BOX 1429

City

STOCKBRIDGE

State

MA

Zip Code

01262-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942942

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY LANDIS BEDDINFIELD

Mailing Address 19119 JUANITA LN.

City

CORNELIUS

State

NC

Zip Code

28031-7082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIRECT PAY

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941780

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSHUA BEDELL

Mailing Address 88 LEONARD ST #608

City

NEW YORK

State

NY

Zip Code

10013-3495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDMAN SACHS

Occupation  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 1 0

Transaction ID: SA11.13967837

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID F. BEDEY

Mailing Address 224 S 5TH ST

City

HAMILTON

State

MT

Zip Code

59840-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931886

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**BARBARA BEDINGFIELD**

Mailing Address **100 SUNSET DRIVE**

City State Zip Code  
**VIDALIA GA 30474-3017**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VIDALIA PHARMACY**

Occupation  
**PHARMACIST'S ASSISTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 15 / 2010**

**Transaction ID: SA11.13928101**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. BEER**

Mailing Address **8500 INNISFREE DRIVE**

City State Zip Code  
**SPRINGFIELD VA 22153-1710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILLIAMS AND JENSEN**

Occupation  
**PRINCIPAL**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3500.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13948178**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. BEER**

Mailing Address **8500 INNISFREE DRIVE**

City State Zip Code  
**SPRINGFIELD VA 22153-1710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILLIAMS AND JENSEN**

Occupation  
**PRINCIPAL**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3500.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13948203**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1100.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH BEGHIN**

Mailing Address **9736 BLUE VALLEY RD**

City State Zip Code  
**MOUNT HOREB WI 53572-2653**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931873**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**EUGENE BEGO**

Mailing Address **4552 OAK ARBOR NE**

City State Zip Code  
**GRAND RAPIDS MI 49525-9462**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13952999**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. ROBERT BEHAR, M.D.**

Mailing Address **5406 AMERICAN BEAUTY COURT**

City State Zip Code  
**HOUSTON TX 77041-6535**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13958246**

Amount of Each Receipt this Period

**5000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**5080.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DOUGLAS BEHLING**

Mailing Address **1898 ISLA DE LA GAITA**

City State Zip Code  
**SAN YSIDRO CA 92173-1822**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13918677

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES BEHM**

Mailing Address **5 WOODLAND COURT**

City State Zip Code  
**TRENTON NJ 08610-2724**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937497

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. ELSA P. BEHNEY**

Mailing Address **5320 VINCENT AVE**

City State Zip Code  
**LOS ANGELES CA 90041-1434**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940847

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**360.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BONNA LEE BEHNKEN

Mailing Address 12170 AIR HILL RD

City

BROOKVILLE

State

OH

Zip Code

45309-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932955

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANN MARIE BEHRENDT

Mailing Address 6915 GULL COURT

City

VENTURA

State

CA

Zip Code

93003-6280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931910

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN BELFORD

Mailing Address 7 GREENBRIAR DR

City

SAYVILLE

State

NY

Zip Code

11782-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970951

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

281.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRUCE BELL

Mailing Address P.O. BOX 108

City

MOUNT MARION

State

NY

Zip Code

12456-0108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ULSTER CTY

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931238

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE BELL

Mailing Address P.O. BOX 108

City

MOUNT MARION

State

NY

Zip Code

12456-0108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ULSTER CTY

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963385

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE BELL

Mailing Address P.O. BOX 108

City

MOUNT MARION

State

NY

Zip Code

12456-0108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ULSTER CTY

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963621

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

46.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEONARD BELL

Mailing Address 94 N. PLANK RD.

City

NEWBURGH

State

NY

Zip Code

12550-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D BELLS ETHAN ALLEN GALLE-  
RY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947787

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL BELL

Mailing Address 640 RUBY TRUST WAY

City

CASTLE ROCK

State

CO

Zip Code

80108-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CURIAN CAPITAL

Occupation

PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932382

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHYLLIS J. BELL

Mailing Address 4434 NICHOLL DR

City

MOBILE

State

AL

Zip Code

36619-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945319

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RANDALL BELL

Mailing Address 20 W SIDE DR

City

REHOBOTH BEACH

State

DE

Zip Code

19971-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940856

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES R. BELLEFEUIL

Mailing Address 14965 ABBEY LN.

City

BATH

State

MI

Zip Code

48808-7709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BSA SOFTWARE

Occupation  
PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934975

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE E. BELLIS

Mailing Address 9688 HOCKING ST NW

City

MASSILLON

State

OH

Zip Code

44646-9060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEGACY MANAGEMENT GROUP  
LTD.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13968550

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NICK F. BELLI

Mailing Address 22480 FERDINAND DR

City

SALINAS

State

CA

Zip Code

93908-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SALINAS CITY ELEMENTARY

Occupation  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951297

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOMMY BELLOMY

Mailing Address 105 W CHARLOTTE AVE

City

SCOTTSBORO

State

AL

Zip Code

35768-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950144

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WARREN S. BELLWS

Mailing Address 3612 WICKERSHAM LN

City

HOUSTON

State

TX

Zip Code

77027-4138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928667

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. RICHARD J. BELONGIA

Mailing Address 2813 12TH STREET

City State Zip Code  
TWO RIVERS WI 54241-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939605

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JOHN H. BELT

Mailing Address 43 TOWN PATH

City State Zip Code  
GLEN COVE NY 11542-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941069

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. RICHARD BEMIS

Mailing Address 2020 TERRAZA PL

City State Zip Code  
FULLERTON CA 92835-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955664

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BEMIS

Mailing Address 2020 TERRAZA PL

City

FULLERTON

State

CA

Zip Code

92835-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962544

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GUSTAVO O. BENAVIDES

Mailing Address 281 RIVER COVE RD

City

HUNTSVILLE

State

AL

Zip Code

35811-8010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAS, INC.

Occupation

ENGINEERING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944236

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. BENDER

Mailing Address 1810 EAST 32ND PLACE

City

TULSA

State

OK

Zip Code

74105-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAMS COMPANIES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945249

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA B. BENEDICT

Mailing Address 300 S OAK ST

City

SAPULPA

State

OK

Zip Code

74066-4348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950374

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JULINE BENEMILLER

Mailing Address P.O. BOX 29

City

BLOOMFIELD

State

NJ

Zip Code

07003-0029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE FIL-AM INSURANCE AGEN-  
CY INC

Occupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972870

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE P. BENGTSON

Mailing Address 91 CARDINAL RD.

City

READING

State

PA

Zip Code

19610-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936901

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. BENICASA

Mailing Address 53 S WASHINGTON ST.

City

TARRYTOWN

State

NY

Zip Code

10591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METRO NORTH RR

Occupation

RAILROAD WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953434

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CORAZON R. BENIG

Mailing Address P.O. BOX 912

City

WORTH

State

IL

Zip Code

60482-0802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941149

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CORAZON R. BENIG

Mailing Address P.O. BOX 912

City

WORTH

State

IL

Zip Code

60482-0802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956667

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROL BENJAMIN

Mailing Address P.O. BOX 594

City

AKRON

State

CO

Zip Code

80720-0594

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937671

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANNETTE BENNETT

Mailing Address 11825 WOODLAND VIEW DR

City

FREDERICKSBURG

State

VA

Zip Code

22407-8561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GECO

Occupation  
CLAIMS EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929629

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BETTYE W. BENNETT

Mailing Address 500 TOPSIDE DR.

City

AZLE

State

TX

Zip Code

76020-4929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950560

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. BENNER

Mailing Address 1160 COLD SPRINGS RD

City

FAIRFIELD

State

PA

Zip Code

17320-9453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EL VISTA ORCHARDS INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938611

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET A. BENNETT

Mailing Address 14255 ROSEMARY LN. APT. 8321  
APT 8321

City

LARGO

State

FL

Zip Code

33774-2947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956146

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL L. BENNETT

Mailing Address 12128 JACK PINE TRL

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUPERVALU

Occupation

COMPUTER OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930389

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL L. BENNETT

Mailing Address 12128 JACK PINE TRL

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUPERVALU

Occupation

COMPUTER OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941139

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD G. BENNETT

Mailing Address 1694 E. HAYDEN AVENUE

City

HAYDEN

State

ID

Zip Code

83835-9524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918423

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL P. BENNIS

Mailing Address 291 FISHER LANDING RD

City

JARVISBURG

State

NC

Zip Code

27947-9527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928961

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERIC N. BENNING

Mailing Address 18135 VINTAGE ST.

City

NORTHRIDGE

State

CA

Zip Code

91325-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954970

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUSAN A. BENON

Mailing Address 10 BROWNSBURY RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-9381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946460

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD A. BENSON

Mailing Address 22020 JELAN AVE

City

APPLE VALLEY

State

CA

Zip Code

92307-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928601

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. BENSON

Mailing Address 38 RED FOX LN

City

LITTLETON

State

CO

Zip Code

80127-5713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INVESTMENT TRUST COMPANY

Occupation

INVESTMENT MANAGMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939581

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM BENTLEY

Mailing Address 16375 SOMERSET DR.

City

BROOMFIELD

State

CO

Zip Code

80023-8081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965206

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JERRY BENTON

Mailing Address 3508 DELTA PL

City

DEL CITY

State

OK

Zip Code

73115-4326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13927996

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 157 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RANDALL A. BENTON

Mailing Address 541 33RD ST NW

City

E WENATCHEE

State

WA

Zip Code

98802-8272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932055

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. BENTON

Mailing Address 115 PAINTED BUNTING LN

City

GEORGETOWN

State

TX

Zip Code

78633-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929082

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN BERBERIAN

Mailing Address 113 QUAKER LN.

City

HAVERFORD

State

PA

Zip Code

19041-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942544

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 158 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. BERG

Mailing Address 2338 DRUMMOND DRIVE

City

YUBA CITY

State

CA

Zip Code

95991-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13942122

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. BERG

Mailing Address 2338 DRUMMOND DRIVE

City

YUBA CITY

State

CA

Zip Code

95991-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13967435

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. BERG

Mailing Address 5464 LIVERPOOL ST

City

WAUNAKEE

State

WI

Zip Code

53597-8420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934920

Amount of Each Receipt this Period

5.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 159 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. BERG

Mailing Address 5464 LIVERPOOL ST

City

WAUNAKEE

State

WI

Zip Code

53597-8420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972885

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS GRETA BERGAN

Mailing Address 10533 W ROSS AVE

City

PEORIA

State

AZ

Zip Code

85382-5178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931502

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CARL B. BERGER

Mailing Address 5209 HILLINGDON RD

City

CHARLOTTE

State

NC

Zip Code

28226-7359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962525

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENIS J. BERGERON, III

Mailing Address 11 LARKSPUR LANE

City

COVINGTON

State

LA

Zip Code

70433-4428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955866

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY B. BERGEY

Mailing Address 462 HARLEYSVILLE PIKE

City

FRANCONIA

State

PA

Zip Code

18924-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERGEYS INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944560

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY B. BERGEY

Mailing Address 462 HARLEYSVILLE PIKE

City

FRANCONIA

State

PA

Zip Code

18924-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERGEYS INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945069

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELTA C. BERGOLD

Mailing Address 72 UNION AVE

City

RONKONKOMA

State

NY

Zip Code

11779-5815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951299

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NOREEN BERGOLD

Mailing Address 40 PINTAIL DR

City

OCEAN PINES

State

MD

Zip Code

21811-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935756

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NOREEN BERGOLD

Mailing Address 40 PINTAIL DR

City

OCEAN PINES

State

MD

Zip Code

21811-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13962918

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RUSSELL BERGUM

Mailing Address 1101 9TH ST N

City

VIRGINIA

State

MN

Zip Code

55792-2372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DULUTH CLINIC

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954748

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT BERIAULT

Mailing Address 5 CHURCHILL DRIVE

City

ENGLEWOOD

State

CO

Zip Code

80113-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINCOLN TRUST COMPANY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957708

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JIMMIE K. BERKEY

Mailing Address P.O. BOX 5177

City

FARMINGTON

State

NM

Zip Code

87499-5177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972997

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARRY D. BERKGREN

Mailing Address 122 PLUM AVE

City

OAKLEY

State

KS

Zip Code

67748-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951539

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SCOTT BERKOWITZ

Mailing Address 252 TENTH ST NE

City

WASHINGTON

State

DC

Zip Code

20002-6214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A&I PUBLISHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928808

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SCOTT BERKOWITZ

Mailing Address 252 TENTH ST NE

City

WASHINGTON

State

DC

Zip Code

20002-6214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A&I PUBLISHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13957620

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 164 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. BERNARDI

Mailing Address 21620 GINGER CT.

City

TEHACHAPI

State

CA

Zip Code

93561-9487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953791

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LYLE H. BERNDT

Mailing Address 3769 TOWN PARK RD

City

STURGEON BAY

State

WI

Zip Code

54235-9434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933214

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET BERNHEIM

Mailing Address P.O. BOX 6928

City

BEND

State

OR

Zip Code

97708-6928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954879

Amount of Each Receipt this Period

235.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

287.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARIETTA BERNOT

Mailing Address 7615 WOODRIDGE CIR

City

ALEXANDRIA

State

VA

Zip Code

22308-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTL TRADE SERVICES CORP

Occupation

CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955112

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GAIL W. BERRALL

Mailing Address 4115 WOODSIDE DRIVE

City

HARRISONBURG

State

VA

Zip Code

22801-2365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929089

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. BRADLEY BERRY

Mailing Address 500 W BROADWAY ST  
SUITE 320

City

MISSOULA

State

MT

Zip Code

59802-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL HEART INSTI-  
TUTE OF MONTA

Occupation

DOCTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959066

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL L. BERRY

Mailing Address 491 GOLF VIEW DRIVE

City

DOTHAN

State

AL

Zip Code

36301-7819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TWITCHELL COPORATION

Occupation

IT PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944138

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL L. BERRY

Mailing Address 491 GOLF VIEW DRIVE

City

DOTHAN

State

AL

Zip Code

36301-7819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TWITCHELL COPORATION

Occupation

IT PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944498

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DOWLTON BERRY

Mailing Address 2372 SUNSET CURV

City

UPLAND

State

CA

Zip Code

91784-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1981.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934677

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DOWLTON BERRY

Mailing Address 2372 SUNSET CURV

City

UPLAND

State

CA

Zip Code

91784-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1981.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940450

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DOWLTON BERRY

Mailing Address 2372 SUNSET CURV

City

UPLAND

State

CA

Zip Code

91784-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1981.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943982

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DOWLTON BERRY

Mailing Address 2373 SUNSET CURV

City

UPLAND

State

CA

Zip Code

91784-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949396

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DOWLTON BERRY

Mailing Address 2372 SUNSET CURV

City

UPLAND

State

CA

Zip Code

91784-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1981.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953725

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DOWLTON BERRY

Mailing Address 2372 SUNSET CURV

City

UPLAND

State

CA

Zip Code

91784-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1981.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956071

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH H. BERRY

Mailing Address PO BOX 309

City

ARAB

State

AL

Zip Code

35016-0309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942629

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH H. BERRY

Mailing Address PO BOX 309

City

ARAB

State

AL

Zip Code

35016-0309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971095

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. BERRY, JR.

Mailing Address 348 CROMWELL COURT

City

NAPLES

State

FL

Zip Code

34108-7719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959330

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROCKWOOD N. BERRY

Mailing Address 206 W ORANGE ST.

City

DAVENPORT

State

FL

Zip Code

33837-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928527

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10079.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROCKWOOD N. BERRY

Mailing Address 206 W ORANGE ST.

City

DAVENPORT

State

FL

Zip Code

33837-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969820

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS J. BERTONE

Mailing Address 3311 82ND STREET

City

JACKSON HEIGHTS

State

NY

Zip Code

11372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932919

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. BESHEARS

Mailing Address 12092 CALLE DE MARIA

City

SAN DIEGO

State

CA

Zip Code

92128-2720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934612

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN M. BETTS

Mailing Address 2500 INDIGO LN. UNIT 354

City

GLENVIEW

State

IL

Zip Code

60026-8307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940662

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN M. BETTS

Mailing Address 2500 INDIGO LN. UNIT 354

City

GLENVIEW

State

IL

Zip Code

60026-8307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954553

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LESLEY BETTS

Mailing Address 8913 WOOD GLEN DR.

City

ROWLETT

State

TX

Zip Code

75088-4860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966995

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. KATHLEEN D. BETZOLD

Mailing Address 1950 220TH STREET E

City State Zip Code  
FARMINGTON MN 55024-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947853

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM S. BEUTEL

Mailing Address 5 GINGER LAKE DR W

City State Zip Code  
GLEN CARBON IL 62034-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13938837

Amount of Each Receipt this Period

11.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM S. BEUTEL

Mailing Address 5 GINGER LAKE DR W

City State Zip Code  
GLEN CARBON IL 62034-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943981

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

131.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 173 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM S. BEUTEL

Mailing Address 5 GINGER LAKE DR W

City

GLEN CARBON

State

IL

Zip Code

62034-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952604

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK F. BEVACQUA

Mailing Address 317 FORESTER WAY

City

PARK RIDGE

State

NJ

Zip Code

07656-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITIGROUPOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952078

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JUDITH A. BEVILLE

Mailing Address 2998 FRANCISCAN WAY

City

CARMEL

State

CA

Zip Code

93923-9216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959669

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LARRY N. BEVINS**

Mailing Address **105 MENCHVILLE RD**

City State Zip Code  
**NEWPORT NEWS VA 23602-6730**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928106

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ADOLPH L. BEYERLEIN**

Mailing Address **307 LANCELOT DR.**

City State Zip Code  
**CLEMSON SC 29631-2130**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1610.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13951094

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. PETER C. BEYRODT**

Mailing Address **2021 SUE CREEK DR**

City State Zip Code  
**ESSEX MD 21221-1931**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935119

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**485.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA BHARWADA**

Mailing Address **6211 N 74TH PL**

City State Zip Code  
**SCOTTSDALE AZ 85250-5502**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931618

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. LYNN R. BIDDISON**

Mailing Address **P.O. BOX 69280**

City State Zip Code  
**TUCSON AZ 85737-0013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937475

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. STANLEY T. BIENUS**

Mailing Address **1306 RANCHO ENCINITAS DR.**

City State Zip Code  
**ENCINITAS CA 92024-7027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937270

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**285.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH WILLIAM BIERMAN**

Mailing Address **905 BERMUDA ST.**

City State Zip Code  
**BAKERSFIELD CA 93309-2905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956053**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. DANIEL L. BIERY**

Mailing Address **17 NEEDHAM AVE**

City State Zip Code  
**PHELPS NY 14532-9614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3375.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13931467**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. DANIEL L. BIERY**

Mailing Address **17 NEEDHAM AVE**

City State Zip Code  
**PHELPS NY 14532-9614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3375.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13947860**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**501.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**THOMAS W. BIGELOW**

Mailing Address **7 DARNLEY GRN**

City State Zip Code  
**DELMAR NY 12054-9707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934156

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**THOMAS W. BIGELOW**

Mailing Address **7 DARNLEY GRN**

City State Zip Code  
**DELMAR NY 12054-9707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952972

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. BRUCE R. BIGFORD**

Mailing Address **627 TOPINABEE RD**

City State Zip Code  
**NILES MI 49120-3036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13958610

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOBBY I. BIGGS

Mailing Address 101 S CHURCH ST

City

LA PLATA

State

MO

Zip Code

63549-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
FARMER

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930372

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HRISTO BIJEV

Mailing Address 2100 TULARE ST STE 407

City

FRESNO

State

CA

Zip Code

93721-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HRISTO PROFESSIONAL INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
OWNER

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966765

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WADE BILDEN

Mailing Address 10 N MAIN ST

City

NORTHWOOD

State

ND

Zip Code

58267-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAUL BILDEN PHARMACY INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918440

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. GLORIA M. BILINSKI**

Mailing Address **2717 SPRAGUE DR**

City State Zip Code  
**WALDORF MD 20601-3022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944849

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**ROGER BILLINGS**

Mailing Address **1086 WALNUT WOODS PLACE**

City State Zip Code  
**LAKE MARY FL 32746-4454**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VOLUSIA COUNTY SCHOOLS-FL**

Occupation  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951100

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. FLOYD W. BILLS**

Mailing Address **1813 S 1ST. AVE**

City State Zip Code  
**CHEYENNE WY 82007-3315**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**271.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942692

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**370.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FLOYD W. BILLS

Mailing Address 1813 S 1ST. AVE

City

CHEYENNE

State

WY

Zip Code

82007-3315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969606

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY J. BILOW

Mailing Address 1110 FIDLER LANE  
APT. 702

City

SILVER SPRING

State

MD

Zip Code

20910-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAVAL RESEARCH LABORATORY

Occupation  
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964797

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LT. COL. LEAN BINDER

Mailing Address P.O. BOX 284

City

DELAWARE CITY

State

DE

Zip Code

19706-0284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952141

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 181 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SIGRID C. BINDER

Mailing Address 2362 FOXHAVEN DR E

City

JACKSONVILLE

State

FL

Zip Code

32224-3099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931594

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR W. BINE

Mailing Address 21075 310TH ST

City

BEAMAN

State

IA

Zip Code

50609-8535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940421

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. BINGHAM

Mailing Address 3069 OLD HILLSBOROUGH RD

City

MEBANE

State

NC

Zip Code

27302-8197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13947857

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

355.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. NANCY BINTER**

Mailing Address **490 LIME KILN RD**

City State Zip Code  
**CHARLOTTE VT 05445-9143**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**399.99**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13932276

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. KATHERINE R. BIRCK**

Mailing Address **744 S. OAK STREET**

City State Zip Code  
**HINSDALE IL 60521-4636**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WOMEN'S HEALTHCARE OF HINSDALE**

Occupation  
**ADMINISTRATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951396

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ANTONIO M. BIRD, JR.**

Mailing Address **24 MAPLEWOOD ROAD**

City State Zip Code  
**ASHEVILLE NC 28804-2825**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955323

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**490.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VIVIAN BIRDSALL

Mailing Address 8204 KENSINGTON SQ

City

JACKSONVILLE

State

FL

Zip Code

32217-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977510

Amount of Each Receipt this Period

-100.00

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)

MS. BARBARA J. BIRTLES

Mailing Address 8801 S 700 E

City

COLUMBIA CITY

State

IN

Zip Code

46725-9257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933046

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM F. BISCHOFF, JR.

Mailing Address 15 ANDERSON RD

City

CLINTON

State

NJ

Zip Code

08809-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944746

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

251.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH J. BISEK

Mailing Address 601 LAKE ORIENTA DRIVE

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32701-6307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955680

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANNY D. BISHOP

Mailing Address 5266 MCGAVOCK ROAD

City

BRENTWOOD

State

TN

Zip Code

37027-5196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE ADAM GROUP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962637

Amount of Each Receipt this Period

420.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GUY E. BISHOP, JR.

Mailing Address 4468 DRUM CASTLE COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23455-6136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940375

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LUTHER A. BISHOP

Mailing Address 1102 CENTER ST

City

MILFORD

State

OH

Zip Code

45150-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARSON BISHOP SERVICES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954007

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. BITTING

Mailing Address 120 SACHUEST WAY

City

MIDDLETOWN

State

RI

Zip Code

02842-5755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMI PRODUCING INC.

Occupation

BUSINESS MAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965259

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN BLOCKSOM

Mailing Address 3740 HIAWATHA TRL.

City

NATIONAL CITY

State

MI

Zip Code

48748-9681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TAWAS ST. JOSEPH'S HOSPIT-  
AL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935262

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANNA R. BLACK

Mailing Address 900 E. CONNELL STREET

City

BRECKENRIDGE

State

TX

Zip Code

76424-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969860

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID BLACK

Mailing Address 819 PLANTATION BOULEVARD

City

GALLATIN

State

TN

Zip Code

37066-4497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEGIS SCIENCES

Occupation

TOXICOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959347

Amount of Each Receipt this Period

19600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. BLACKHAM

Mailing Address 1 W MAIN ST

City

MT PLEASANT

State

UT

Zip Code

84647-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SKYLINE PHARMACY

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951345

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

19950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. DIANE BLACK

Mailing Address 819 PLANTATION BOULEVARD

City

GALLATIN

State

TN

Zip Code

37066-4497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US CONGRESSOccupation  
MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959346

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN T. BLACK

Mailing Address 409 SUNSET DRIVE

City

BIRMINGHAM

State

AL

Zip Code

35216-1545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941834

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. BLACK

Mailing Address 858 PINEY WOODS DR

City

LAGRANGE

State

GA

Zip Code

30240-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942925

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

30700.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 188 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
JUSTIN BLACKBURN

Mailing Address 4073 N ARBOR LN

City	State	Zip Code
BUCKEYE	AZ	85396-3603

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WELLS FARGOOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928033

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DR. CARRIE F. BLADES

Mailing Address 14226 BLOOMINGDALE MANOR

City	State	Zip Code
CYPRESS	TX	77429-8181

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13958250

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. CHARLES M. BLAIR

Mailing Address 706 ROSS HILL RD

City	State	Zip Code
GAFFNEY	SC	29341-5136

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13938575

Amount of Each Receipt this Period

45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5255.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. WILLIAM S. BLAIR, JR.

Mailing Address 1451 SHADY COVE LANE

City State Zip Code  
**LAWRENCEVILLE GA 30043-5241**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918723

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. WILLIAM S. BLAIR, JR.

Mailing Address 1451 SHADY COVE LANE

City State Zip Code  
**LAWRENCEVILLE GA 30043-5241**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935046

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. WILLIAM S. BLAIR, JR.

Mailing Address 1451 SHADY COVE LANE

City State Zip Code  
**LAWRENCEVILLE GA 30043-5241**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937744

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD L. BLAKE

Mailing Address 4489 NEWTON RD.

City

NEWARK

State

OH

Zip Code

43055-9641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARMOR SOURCE

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935003

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. EVAMARIE V. BLAKE

Mailing Address 7801 LOS PINOS BOULEVARD

City

CORAL GABLES

State

FL

Zip Code

33143-6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937485

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN A. BLANCHARD

Mailing Address 1200 OVERLOOK DR. APT. 238

City

LAKE OSWEGO

State

OR

Zip Code

97034-6647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942897

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN A. BLANCHARD

Mailing Address 1200 OVERLOOK DR. APT. 238

City

LAKE OSWEGO

State

OR

Zip Code

97034-6647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946275

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. T. EUGENE BLANCHARD

Mailing Address 2509 AUGUSTA DR.

City

NAPLES

State

FL

Zip Code

34109-3347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934854

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BETTY G. BLANK

Mailing Address 3719 PRAIRIE DUNES DR

City

SARASOTA

State

FL

Zip Code

34238-2854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941956

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2045.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 192 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. BETTY G. BLANK

Mailing Address 3719 PRAIRIE DUNES DR

City	State	Zip Code
SARASOTA	FL	34238-2854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957290

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
RANDY J. BLANKENSHIP

Mailing Address 714 TERRYLAND DR

City	State	Zip Code
RICHARDSON	TX	75080-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Transaction ID: SA11.13965588

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. RUTH A. BLANKSHAIN

Mailing Address 3628 WILDERNESS BLVD. W

City	State	Zip Code
PARRISH	FL	34219-9349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946773

Amount of Each Receipt this Period

151.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

451.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 193 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. SARAH BLANTON

Mailing Address 2092 S SHERWOOD DR APT B15

City	State	Zip Code
VALDOSTA	GA	31602-2276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13938331

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. RICHARD H. BLASE

Mailing Address 9500 HOWARD ROAD

City	State	Zip Code
LEES SUMMIT	MO	64086-9567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13964841

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. MARTIN C. BLAYLOCK

Mailing Address 11317 MOSLEY LN.

City	State	Zip Code
SAINT LOUIS	MO	63141-7528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944436

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES E. BLEAKLEY**

Mailing Address **68 LE MANS CT**

City State Zip Code  
**SHAWNEE MSN KS 66208-5232**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941584**

Amount of Each Receipt this Period

**101.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. LEE BLEDSOE**

Mailing Address **161 DEER HOLLOW RD**

City State Zip Code  
**SAN ANSELMO CA 94960-1246**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 12 / 2010**

**Transaction ID: SA11.13967730**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. ROBERT BLEDSOE**

Mailing Address **8520 GARDENA RD**

City State Zip Code  
**LAKESIDE CA 92040-5603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13957371**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**501.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 195 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. BLEDSOE

Mailing Address P.O. BOX 186

City

HUGO

State

CO

Zip Code

80821-0186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933535

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. BLESSING

Mailing Address 26279 ROGELL RD.

City

NEW BOSTON

State

MI

Zip Code

48164-9212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933309

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. BLESSING

Mailing Address 26279 ROGELL RD.

City

NEW BOSTON

State

MI

Zip Code

48164-9212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969199

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

201.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD B. BLESSEY

Mailing Address 566 DANBURY ROAD

City

BROOKFIELD

State

CT

Zip Code

06804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALISINE METAL PRODS CORP

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948560

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WELTON W. BLESSING

Mailing Address 3601 GUILDERLAND AVENUE

City

SCHENECTADY

State

NY

Zip Code

12306-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956986

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK B. BLICK

Mailing Address 6565 WEST LOOP S  
# 300

City

BELLAIRE

State

TX

Zip Code

77401-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARK BLICK

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928930

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

661.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. EMILY J. BLISS**

Mailing Address **1307 TROON WAY**

City State Zip Code  
**ROCKLEDGE FL 32955-2244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13958537**

Amount of Each Receipt this Period

**26.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. EMILY J. BLISS**

Mailing Address **1307 TROON WAY**

City State Zip Code  
**ROCKLEDGE FL 32955-2244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**11 / 10 / 2010**

**Transaction ID: SA11.13967664**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. TERRENCE E. BLOCK**

Mailing Address **1 SQUIRES LN.**

City State Zip Code  
**SAINT LOUIS MO 63131-4811**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NESTLE PURINA**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941600**

Amount of Each Receipt this Period

**121.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**172.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 198 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

INGEBORG BLOMBERG

Mailing Address 630 HIGHWAY N14 APT 203

City

ALBERT CITY

State

IA

Zip Code

50510-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13960625

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

INGEBORG BLOMBERG

Mailing Address 630 HIGHWAY N14 APT 203

City

ALBERT CITY

State

IA

Zip Code

50510-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965549

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN BLOOM

Mailing Address 9472 DOUBLE EAGLE LN

City

MARSHALL

State

VA

Zip Code

20115-2489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928123

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARGARET V. BLOSS

Mailing Address 415 CAMINO REAL AVE

City

EL PASO

State

TX

Zip Code

79922-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

HORSE BREEDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964171

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARGARET V. BLOSS

Mailing Address 415 CAMINO REAL AVE

City

EL PASO

State

TX

Zip Code

79922-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

HORSE BREEDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968278

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHERINE BLUMBERG

Mailing Address 9 COSSART MANOR RD

City

CHADDS FORD

State

PA

Zip Code

19317-9395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941897

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. ROE C. BLUME

Mailing Address 10 CHESTNUT RD.

City State Zip Code  
WILMINGTON DE 19810-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937617

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ROE C. BLUME

Mailing Address 10 CHESTNUT RD.

City State Zip Code  
WILMINGTON DE 19810-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960715

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City State Zip Code  
MARSHALL MO 65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930557

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 201 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City

MARSHALL

State

MO

Zip Code

65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943637

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City

MARSHALL

State

MO

Zip Code

65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954059

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City

MARSHALL

State

MO

Zip Code

65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961735

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

55.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City

MARSHALL

State

MO

Zip Code

65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972934

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NORMAN BOCK

Mailing Address 5110 SAN FELIPE ST UNIT 231W

City

HOUSTON

State

TX

Zip Code

77056-3664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931702

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOYCE M. BOCKEMUEHL

Mailing Address 4800 N. HARSDALE

City

BLOOMFIELD

State

MI

Zip Code

48302-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928746

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN BODALE

Mailing Address 100 ARAGONA BLVD  
STE 101City State Zip Code  
VIRGINIA BCH VA 23462-2752FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EURO CABINETSOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964429

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

HANNS BODEWIG

Mailing Address 277NW 38 WAY

City State Zip Code  
DEERFIELD BEACH FL 33442FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951069

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. BERTHA C. BOELTER

Mailing Address P.O. BOX 22

City State Zip Code  
BRISTOW NE 68719-0022FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946684

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 204 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK F. BOESHART

Mailing Address 911 SHANNON DR.

City

JEFFERSON

State

SD

Zip Code

57038-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953586

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK F. BOESHART

Mailing Address 911 SHANNON DR.

City

JEFFERSON

State

SD

Zip Code

57038-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958439

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES BOGER

Mailing Address 9782 SE TOP O SCOTT ST.

City

HAPPY VALLEY

State

OR

Zip Code

97086-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13968507

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD D. BOGERT

Mailing Address 13933 QUAIL POINTE DRIVE

City

OKLAHOMA CITY

State

OK

Zip Code

73134-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOGO ENERGY CORPORATION

Occupation

OWNER OIL AND GAS COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951129

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. E JACKSON BOGGS

Mailing Address 3105 W PROSPECT ROAD

City

TAMPA

State

FL

Zip Code

33629-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOWLER, WHITE, BOGGS

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948322

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LYNN BOGH

Mailing Address 13861 MUSTARD SEED DR

City

YUCAIPA

State

CA

Zip Code

92399-7049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938563

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD W. BOGNAR

Mailing Address 11546 MANTUA CENTER ROAD  
# R

City State Zip Code  
MANTUA OH 44255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931539

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BETTY L. BOHAC

Mailing Address 1111 LONGHORN DR

City State Zip Code  
NORFOLK NE 68701-2575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928822

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. BOHANNEN

Mailing Address 160 DORADO TER  
SUITE 504

City State Zip Code  
SAN FRANCISCO CA 94112-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950089

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MILBIE BOHNERT

Mailing Address 200 WESTON ROAD  
RR 1 BOX 78

City State Zip Code  
COMFORT TX 78013-3224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941650

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MILBIE BOHNERT

Mailing Address 200 WESTON ROAD  
RR 1 BOX 78

City State Zip Code  
COMFORT TX 78013-3224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957292

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VICTOR V. BOKUMS

Mailing Address 19708 SUNSHINE WAY

City State Zip Code  
BEND OR 97702-1984

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953564

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

187.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCESCA BOLAND

Mailing Address 7501 COVEY RD.

City

FORESTVILLE

State

CA

Zip Code

95436-9590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUNGARUIN, CA

Occupation

PROGRAM COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940811

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANCESCA BOLAND

Mailing Address 7501 COVEY RD.

City

FORESTVILLE

State

CA

Zip Code

95436-9590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUNGARUIN, CA

Occupation

PROGRAM COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941547

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANCESCA BOLAND

Mailing Address 7501 COVEY RD.

City

FORESTVILLE

State

CA

Zip Code

95436-9590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUNGARUIN, CA

Occupation

PROGRAM COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954691

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LOIS BOLAND

Mailing Address 19855 SW TOUCHMARK WAY UNIT 10

City

BEND

State

OR

Zip Code

97702-1949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953257

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM R. BOLING

Mailing Address 4732 ALGON QUEEN AVE

City

JACKSONVILLE

State

FL

Zip Code

32210-7606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943442

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BASTIAAN BOLL

Mailing Address 5 LYNNAH WAY

City

OKATIE

State

SC

Zip Code

29909-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

383.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959736

Amount of Each Receipt this Period

63.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

363.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. JUDY BOLL**

Mailing Address **19545 DORCHESTER DR**

City State Zip Code  
**BROOKFIELD WI 53045-6203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**440.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942568

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE L. BOLLER**

Mailing Address **36270 HAMMER LANE**

City State Zip Code  
**LIVONIA MI 48152-2759**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

PATENT ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954420

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**PETER N. BOLLENBECKER**

Mailing Address **490 TERRACES CT**

City State Zip Code  
**MESQUITE NV 89027-3736**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**266.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933310

Amount of Each Receipt this Period

**56.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**266.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROY B. BOLTHOUSE

Mailing Address 1645 LINCOLN ST

City

MARNE

State

MI

Zip Code

49435-9627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934629

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY M. BOLTON

Mailing Address 2304 ARBOR TRL

City

COLLEYVILLE

State

TX

Zip Code

76034-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FUJITSUOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938802

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOY BOMAR

Mailing Address 5865 HAYMARKET RD.

City

MEMPHIS

State

TN

Zip Code

38120-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943526

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SCOTT BOMMER

Mailing Address 50 CENTRAL PARK SOUTH

City

NEW YORK

State

NY

Zip Code

10019-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAB CAPITAL MANAGEMENT

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955979

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. BONACCI

Mailing Address 1919 MARS ROAD

City

LIVERMORE

State

CA

Zip Code

94550-6310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CCCCCD

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940026

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. BONACCI

Mailing Address 1919 MARS ROAD

City

LIVERMORE

State

CA

Zip Code

94550-6310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CCCCCD

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953534

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

30470.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. FRANK BOND

Mailing Address 6339 BUNKER CIR.

City State Zip Code  
ROANOKE VA 24019-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCS PLC

Occupation  
ST CONST/NSPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928280

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. FRANK BOND

Mailing Address 6339 BUNKER CIR.

City State Zip Code  
ROANOKE VA 24019-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCS PLC

Occupation  
ST CONST/NSPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928523

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. FRANK BOND

Mailing Address 6339 BUNKER CIR.

City State Zip Code  
ROANOKE VA 24019-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCS PLC

Occupation  
ST CONST/NSPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940839

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK BOND

Mailing Address 6339 BUNKER CIR.

City

ROANOKE

State

VA

Zip Code

24019-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCS PLC

Occupation

ST CONST/NSPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962317

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK BOND

Mailing Address 6339 BUNKER CIR.

City

ROANOKE

State

VA

Zip Code

24019-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCS PLC

Occupation

ST CONST/NSPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969817

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BONDS

Mailing Address 24102 VIA MADRUGADA

City

MISSION VIEJO

State

CA

Zip Code

92692-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952908

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHERINE A. BONHAM

Mailing Address 703 W HERBERT AVE # 118  
# 118

City State Zip Code  
REEDLEY CA 93654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956993

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RUTH E. BONHAM

Mailing Address 950 SUNSET GARDEN LN APT 240

City State Zip Code  
SIMI VALLEY CA 93065-8383

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944722

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RON BONJA

Mailing Address 27331 SANTA CLARITA RD.

City State Zip Code  
SANTA CLARITA CA 91350-1317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SANGUS UNION SCHOOL DISTRICT

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952947

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BARTON BONNER

Mailing Address 1268 CORONADO ST

City

UPLAND

State

CA

Zip Code

91786-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918653

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BARTON BONNER

Mailing Address 1268 CORONADO ST

City

UPLAND

State

CA

Zip Code

91786-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971757

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID BONNER

Mailing Address 1721 SHIRLEY AVE.

City

HAMILTON

State

OH

Zip Code

45011-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952392

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 217 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. DEBORAH P. BONNER

Mailing Address 539 TROY RD

City State Zip Code  
PARSIPPANY NJ 07054-2927FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951318

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. ETHEL G. BONNER

Mailing Address 1224 VILLAGE CREEK LN APT P4

City State Zip Code  
MOUNT PLEASANT SC 29464-3162FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956718

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. TIM M. BONTECOU

Mailing Address 4754 ROUTE 44

City State Zip Code  
MILLBROOK NY 12545-4968FEC ID number of contributing  
federal political committee.**C**Name of Employer  
TAMARACK PRESERVE LIMITEDOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942564

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SALLIE S. BOORD

Mailing Address P.O. BOX 42819

City

CINCINNATI

State

OH

Zip Code

45242-0819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938497

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERBERT M. BOOTH

Mailing Address 54 BURGETT DR

City

HOMER

State

NY

Zip Code

13077-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942236

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MODLETA L. BOOTH

Mailing Address 3103 WOODRIDGE DR

City

PITTSBURGH

State

PA

Zip Code

15227-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963818

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY BOOTHE

Mailing Address 151 GRASSMARKET

City

SAN ANTONIO

State

TX

Zip Code

78259-2265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971269

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD BORATKO

Mailing Address 6106 WALKERS PARK DRIVE

City

SUGAR LAND

State

TX

Zip Code

77479-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHLUMBERGER

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960201

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH E. BORCHERS

Mailing Address 1303 COMANCHE DR

City

RICHARDSON

State

TX

Zip Code

75080-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930266

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**LOUIS L. BORICK**

Mailing Address **920 FOOTHILL RD.**

City State Zip Code  
**BEVERLY HILLS CA 90210-2926**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**1250.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946319

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DENNIS BORING**

Mailing Address **6665 KIMESVILLE RD**

City State Zip Code  
**LIBERTY NC 27298-9108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**650.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946206

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN W. BORING**

Mailing Address **3510 W MONADAN DR**

City State Zip Code  
**CHARLOTTESVILLE VA 22901-1030**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936958

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL BORK

Mailing Address 61 AZALEA RD.

City

SHARON

State

MA

Zip Code

02067-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOLEY HOAG LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940748

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WAYNE BORKOWSKI

Mailing Address 1655 SPINNAKER LANE

City

HANOVER PARK

State

IL

Zip Code

60133-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALPINE HGTH & CO.

Occupation

HVAC CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940666

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WAYNE BORKOWSKI

Mailing Address 1655 SPINNAKER LANE

City

HANOVER PARK

State

IL

Zip Code

60133-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALPINE HGTH & CO.

Occupation

HVAC CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942006

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DELORIS M. BORWN

Mailing Address 20802 PINE OAK LANE

City

HOCKLEY

State

TX

Zip Code

77447-8705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968867

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW BOSZARDT

Mailing Address 660 MADISON AVENUE  
14TH FLOOR

City

NEW YORK

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREAT OAKS CAPITAL MANAGE-  
MENT, LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928008

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROBERTA BOTENS

Mailing Address 14157 E. VIA DEL ABRIGO

City

VAIL

State

AZ

Zip Code

85641-2054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INTERIOR DESIGNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935265

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE BOULLIANNE**

Mailing Address **120 CONVOY ST**

City State Zip Code  
**PLAYA DEL REY CA 90293-7663**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952213

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RANDY L. BOURDEAU**

Mailing Address **6426 COTTLE RD.**

City State Zip Code  
**SAN JOSE CA 95123-5630**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE APPRAISER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**293.95**

Date of Receipt

**11 / 08 / 2010**

Transaction ID: SA11.13966592

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT V. BOURIE**

Mailing Address **154 SKYLINE DR.**

City State Zip Code  
**CORAM NY 11727-3616**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**491.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13932538

Amount of Each Receipt this Period

**251.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**502.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOAN K. BOWDEN

Mailing Address 428 BEACHSIDE PL.

City

FERNANDINA

State

FL

Zip Code

32034-6544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955036

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

REV. LLOYD M. BOWDEN

Mailing Address 115 N. MAY ST.

City

JOLIET

State

IL

Zip Code

60435-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935455

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN ALEXANDER BOWE

Mailing Address 2135 SPRINGWATER LN.

City

PORT ORANGE

State

FL

Zip Code

32128-7426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930257

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

426.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN ALEXANDER BOWE

Mailing Address 2135 SPRINGWATER LN.

City

PORT ORANGE

State

FL

Zip Code

32128-7426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972837

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. BOWER

Mailing Address 210 TOWN CENTER DR

City

TROY

State

MI

Zip Code

48084-1774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964441

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT BOWIE

Mailing Address P.O. BOX 697

City

HOTCHKISS

State

CO

Zip Code

81419-0697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952836

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN D. BOWMAN

Mailing Address 11 STATE HWY 207

City

FLOYDADA

State

TX

Zip Code

79235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962632

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN BOWMAN

Mailing Address 385 VISTA GRANDE

City

GREENBRAE

State

CA

Zip Code

94904-1138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954813

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN BOWMAN

Mailing Address 385 VISTA GRANDE

City

GREENBRAE

State

CA

Zip Code

94904-1138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956389

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SUZANNE M. BOWMAN

Mailing Address P.O. BOX 2566

City

WALDORF

State

MD

Zip Code

20604-2566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964377

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUZANNA E. BOYD

Mailing Address 622 VIA DEL CAMPO

City

SAN MARCOS

State

CA

Zip Code

92078-5097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960718

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT R. BOYDSTON

Mailing Address 1356 W COWLES ST.

City

LONG BEACH

State

CA

Zip Code

90813-2735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCALE PLACE INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SCALE TECH/MGR

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941524

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

445.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHARON MARIE BOYLES

Mailing Address P.O. BOX 7169

City

BRANSON

State

MO

Zip Code

65615-7169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933006

Amount of Each Receipt this Period

6.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WAYNE BOYLES

Mailing Address 5811 WESSEX LANE

City

ALEXANDRIA

State

VA

Zip Code

22310-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPARTMENT OF ENERGY

Occupation

FEDERAL GOVERNMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957676

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CHARLOTTE A. BOYTOR-LOWERY

Mailing Address 19790 GRANT STREET

City

CORONA

State

CA

Zip Code

92881-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928549

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

181.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. EDITH M. BRADBURY**

Mailing Address **318 W 4TH. ST.**

City State Zip Code  
**STANBERRY MO 64489-1124**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13951939

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. A. D. BRADFORD**

Mailing Address **16206 BARKLEA RD**

City State Zip Code  
**CYPRESS TX 77429-1606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EPCO, INC.

Occupation  
**DRIVER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**265.44**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929596

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**JEANNE BRADFORD**

Mailing Address **42161 SANTA FE TRL.**

City State Zip Code  
**MURRIETA CA 92562-5228**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952787

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**175.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CORNELIUS BRADLEY**

Mailing Address **25735 274TH. ST.**

City State Zip Code  
**LA MOTTE IA 52054-9587**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**440.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: **SA11.13959570**

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JERRY B. BRADLEY**

Mailing Address **1404 BALLYCASTLE LN.**

City State Zip Code  
**CORINTH TX 76210-3087**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: **SA11.13972811**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. BRADLEY**

Mailing Address **723 S PINE ST**

City State Zip Code  
**RICHMOND VA 23220-6518**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VA HOSPITALISTS, INC/HCA**

Occupation  
**HOSPITALIST/INTERNTIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**510.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: **SA11.13935202**

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**230.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY WEYL BRADLEY

Mailing Address 1330 MERCER LN.

City

MC LEAN

State

VA

Zip Code

22101-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964418

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CYNTHIA BRADSHAW

Mailing Address 914 HOMESTAKE DR

City

GOLDEN

State

CO

Zip Code

80401-1772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLERCOORS, LLC

Occupation  
CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928300

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROSAMOND STRONG BRADSHAW

Mailing Address 55 CATHEDRAL ROCK DR. UNIT 58

City

SEDONA

State

AZ

Zip Code

86351-8629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1651.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940967

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 232 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDMOND P. BRADY

Mailing Address 17 STONEBRIDGE RD

City

SPARTA

State

NJ

Zip Code

07871-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCENERNEY BRADY & COOccupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944524

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KEVIN T. BRADY

Mailing Address 1514 KINGS HWY

City

SWEDESBORO

State

NJ

Zip Code

08085-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PRESIDENT CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961815

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RANDY BRADY

Mailing Address 4802 MCCARTY BLVD. APT. 220

City

AMARILLO

State

TX

Zip Code

79110-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B&W PANTEXOccupation  
UTILITY OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930025

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 233 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. SEAN THOMAS BRADY

Mailing Address 11 MADISON AVENUE

City	State	Zip Code
NEW YORK	NY	10010-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREDIT SUISSEOccupation  
BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959408

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
WILLIAM BRADY

Mailing Address P.O. BOX 1466

City	State	Zip Code
CARTHAGE	NC	28327-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949688

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. WILLIAM A. BRADY

Mailing Address 6246 BOOTLEGGERS ROAD

City	State	Zip Code
MARSHALL	VA	20115-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959161

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2260.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES W. BRAHAM

Mailing Address 606 POPLAR CT.

City

PITTSBURGH

State

PA

Zip Code

15238-1344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959695

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES W. BRAHAM

Mailing Address 606 POPLAR CT.

City

PITTSBURGH

State

PA

Zip Code

15238-1344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959774

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. BRAKE

Mailing Address 927 S LAKESIDE AVE

City

LAKELAND

State

FL

Zip Code

33803-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13938928

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

102.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 235 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. DAVID E. BRANCH

Mailing Address 1377 NATURES WAY

City	State	Zip Code
PRESCOTT	AZ	86305-5142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943620

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DAVID M. BRAND

Mailing Address 7 VILLAGE CIR.

City	State	Zip Code
NEWTOWN SQ	PA	19073-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TKNSA THONKPOUNCSOccupation  
PNGS/COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930391

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. DUANE V. BRANDT

Mailing Address 6602 AMPTON DR

City	State	Zip Code
SPRING	TX	77379-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940891

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA S. BRASWELL

Mailing Address 2629 BODDIE MILL POND ROAD

City

NASHVILLE

State

NC

Zip Code

27856-9070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949902

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILEY J. BRATCHER

Mailing Address 801 E GAGE AVE

City

MEMPHIS

State

TN

Zip Code

38106-7629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943502

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILEY J. BRATCHER

Mailing Address 801 E GAGE AVE

City

MEMPHIS

State

TN

Zip Code

38106-7629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972877

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

131.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 237 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
CREED V. BRATTAIN

Mailing Address 530 FIR KNOLL LN. NE

City	State	Zip Code
SALEM	OR	97317-3367

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
BRATTAIN INTL. TRUCKSOccupation  
CHAIRMAN-CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963706

Amount of Each Receipt this Period

101.39

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. CAMILLA BRAUER

Mailing Address 11250 HUNTER DRIVE

City	State	Zip Code
BRIDGETON	MO	63044-2306

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13959335

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. CAMILLA BRAUER

Mailing Address 11250 HUNTER DRIVE

City	State	Zip Code
BRIDGETON	MO	63044-2306

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13961172

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

30101.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN F. BRAUER

Mailing Address 11250 HUNTER DRIVE

City

BRIDGETON

State

MO

Zip Code

63044-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUNTER ENGINEERING COMPANY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959329

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN F. BRAUER

Mailing Address 11250 HUNTER DRIVE

City

BRIDGETON

State

MO

Zip Code

63044-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUNTER ENGINEERING COMPANY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961173

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE A. BRAUN

Mailing Address 122 ESPARTA WAY

City

SANTA MONICA

State

CA

Zip Code

90402-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928406

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GREGORY BRAUN**

Mailing Address **1020 YORKSHIRE DR**

City State Zip Code  
**YARDLEY PA 19067-4585**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TODAY'S GRAPHICS**

Occupation  
**SALES MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13951210**

Amount of Each Receipt this Period

**75.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GUSTAV BRAUN**

Mailing Address **3104 LITTLE CREEK LANE**

City State Zip Code  
**ALEXANDRIA VA 22309-2126**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1402.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13945705**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. ROMA J. BRAUTIGAM**

Mailing Address **11077 RUNKLE RD.**

City State Zip Code  
**SAINT PARIS OH 43072-9678**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13949331**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**195.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. EDNA D. BRAXTON

Mailing Address 1515 PENN AVE  
APT 302City State Zip Code  
WILKINSBURG PA 15221-2659FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954434

Amount of Each Receipt this Period

105.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WALTER BRAYMAN

Mailing Address 844 ROCKWELL LN

City State Zip Code  
KANSAS CITY MO 64112-2363FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935781

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WARD BREAUX

Mailing Address P.O. BOX 888

City State Zip Code  
LOREAUVILLE LA 70552-0888FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BREAUX BROTHERS ENT. INCOccupation  
SHIPYARDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940861

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1155.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROYCE LIONEL BREAW

Mailing Address 438 EAST LN.

City

KERRVILLE

State

TX

Zip Code

78028-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954564

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS BRECK

Mailing Address 1655 VALLEY DR.

City

VENICE

State

FL

Zip Code

34292-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930573

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FLINT BRECKINRIDGE

Mailing Address 1623 EAST 32ND PLACE

City

TULSA

State

OK

Zip Code

74105-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957919

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 242 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALTER O. BREDENDICK

Mailing Address 1507 E CANDLEWOOD AVE

City

ORANGE

State

CA

Zip Code

92867-3827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956325

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS M. BREDICE

Mailing Address 3005 S LEISURE WORLD BLVD  
APT 507

City

SILVER SPRING

State

MD

Zip Code

20906-8334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942540

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RUTH A. BREEDING

Mailing Address 531 N 6TH STREET

City

DENTON

State

MD

Zip Code

21629-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944759

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

265.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. HIDAI E. BREGU

Mailing Address 4740 N WESTERN AVE

City State Zip Code  
CHICAGO IL 60625-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952410

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. HIDAI E. BREGU

Mailing Address 4740 N WESTERN AVE

City State Zip Code  
CHICAGO IL 60625-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969275

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. JAMES W. BREHM

Mailing Address 175 PRAIRIE BND

City State Zip Code  
N SIOUX CITY SD 57049-5168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963457

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

76.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. REVA R. BREHM

Mailing Address 3051 RIO DOSA DR.  
APT. 100

City State Zip Code  
LEXINGTON KY 40509-1551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928948

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL BREITMAN

Mailing Address 400 S BURNSIDE AVE APT 7G

City State Zip Code  
LOS ANGELES CA 90036-5434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H & B INVESTMENT

Occupation  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940427

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM BREMER

Mailing Address 15152 SE MICHELLE DR.

City State Zip Code  
CLACKAMAS OR 97015-8359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.21

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963207

Amount of Each Receipt this Period

480.21

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.21

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DOUGLAS BRENDAMOUR

Mailing Address 6105 PARK RD.

City

CINCINNATI

State

OH

Zip Code

45243-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SMALL BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949611

Amount of Each Receipt this Period

277.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JUNE R. BRESCIA

Mailing Address 1108 COPPER CREEK DR

City

MACCLENNY

State

FL

Zip Code

32063-6010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961821

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DEAN BRESHEARS

Mailing Address 7104 COUNTY ROAD 108

City

FULTON

State

MO

Zip Code

65251-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL EMERY PHYSICIANS  
PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941790

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1052.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ANNE L. BRETTON**

Mailing Address **12126 PENZANCE LN.**

City State Zip Code  
**NEW PRT RCHY FL 34654-6310**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13933505**

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ANNE L. BRETTON**

Mailing Address **12126 PENZANCE LN.**

City State Zip Code  
**NEW PRT RCHY FL 34654-6310**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13953400**

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ANNE L. BRETTON**

Mailing Address **12126 PENZANCE LN.**

City State Zip Code  
**NEW PRT RCHY FL 34654-6310**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**11 / 18 / 2010**

**Transaction ID: SA11.13971325**

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**60.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DARRELL BRETT

Mailing Address 10101 SE MAIN STREET  
SUITE 1006

City State Zip Code  
PORTLAND OR 97216-2456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951148

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. BRETT

Mailing Address 6006 VALKEITH DR

City State Zip Code  
HOUSTON TX 77096-3833

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935100

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LORETTA BREUNING

Mailing Address 321 SOMERSET ROAD

City State Zip Code  
PIEDMONT CA 94611-3311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAL STATE EAST BAY

Occupation  
PROFESSOR EMERITUS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942983

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES BREWER**

Mailing Address **30395 S 4540 RD**

City State Zip Code  
**AFTON OK 74331-5528**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13942842**

Amount of Each Receipt this Period

**70.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. MAUREEN BREWER**

Mailing Address **300 16TH ST NW**

City State Zip Code  
**FORT PAYNE AL 35967-3316**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13954357**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. FRANKLIN BRIDGES**

Mailing Address **417 OAK ALLEY DRIVE**

City State Zip Code  
**HOUMA LA 70360-7957**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OILFIELD CONSULTANTS INC.**

Occupation  
**PETROLEUM ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13936957**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**270.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. SUSAN BRIDGES**

Mailing Address **P.O. BOX 3484**

City State Zip Code  
**SPARTANBURG SC 29304-3484**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SECURITY FINANCE CORPORAT-  
 ION**

Occupation  
**CEO OF SECURITY FINANCE CORP.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13951142

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN A. BRIGGS**

Mailing Address **PO BOX 406**

City State Zip Code  
**EAU CLAIRE WI 54702-0406**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAM'S AUTO SUPPLY**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13960755

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. BRIGGS**

Mailing Address **P.O. BOX 888**

City State Zip Code  
**INDEPENDENCE KS 67301-0888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE AGENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938605

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5135.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES R. BRIGHAM**

Mailing Address **24 WATER OAK DR**  
**SEA PINES PLANTATION**

City State Zip Code  
**HILTON HEAD ISLAND SC 29928-3009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13935456**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PATRICK S. BRIGHTBILL**

Mailing Address **340 STRAW HOLLOW ROAD**

City State Zip Code  
**HARRISBURG PA 17112-8406**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**286.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13930287**

Amount of Each Receipt this Period

**36.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. PATRICK S. BRIGHTBILL**

Mailing Address **340 STRAW HOLLOW ROAD**

City State Zip Code  
**HARRISBURG PA 17112-8406**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**286.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13954659**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**121.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT ALVAH BRIMMER

Mailing Address P.O. BOX 16506

City

FORT WORTH

State

TX

Zip Code

76162-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944479

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GLADYS BRINKLEY

Mailing Address P.O. BOX 95

City

PRITCHETT

State

CO

Zip Code

81064-0095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940413

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GLADYS BRINKLEY

Mailing Address P.O. BOX 95

City

PRITCHETT

State

CO

Zip Code

81064-0095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954496

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP R. BRINKERHOFF

Mailing Address 2655 GARDEN RIDGE LN

City

ARLINGTON

State

TX

Zip Code

76006-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN ENTERPRISE

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951221

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LESLIE BRINSTER

Mailing Address 12849 49TH ST SW

City

BELFIELD

State

ND

Zip Code

58622-9216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931402

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LESLIE BRINSTER

Mailing Address 12849 49TH ST SW

City

BELFIELD

State

ND

Zip Code

58622-9216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953162

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 253 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONALD BRISCOE

Mailing Address 112 OAKWOOD CT.

City

LAKESIDE

State

TX

Zip Code

76135-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STAN ROBERTS & ASSOC.Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941132

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN B. BRISKEY

Mailing Address 425 DOCKSIDE DR UNIT 501

City

NAPLES

State

FL

Zip Code

34110-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939017

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RYLAND G. BRISTOW

Mailing Address P.O. BOX 5005

City

SEVERNA PARK

State

MD

Zip Code

21146-0358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930360

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM L. BRISTOL

Mailing Address 3156 N. CAVES VALLEY PATH

City

LECANTO

State

FL

Zip Code

34461-9802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945646

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. BRADLEY BRITTON

Mailing Address 13621 TANGLEWOOD DR

City

EDMOND

State

OK

Zip Code

73013-8216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRITTON CLINIC ASS.

Occupation  
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951527

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ETHEL T. BRITTINGHAM

Mailing Address 197 FINNEGAN LN.

City

KENDALL PARK

State

NJ

Zip Code

08824-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966060

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. BRITTON

Mailing Address 135 EL PORTON

City

LOS GATOS

State

CA

Zip Code

95032-1148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930442

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHARON L. BRITTEN

Mailing Address 10391 I DRIVE SOUTH

City

CERESCO

State

MI

Zip Code

49033-9727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942949

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROLYN BROCK

Mailing Address 5 BROMWICH CT

City

SAN ANTONIO

State

TX

Zip Code

78218-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969921

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

174.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN BROCK

Mailing Address 2500 WINDY RIDGE PARKWAY

City

ATLANTA

State

GA

Zip Code

30339-5677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COCA-COLA ENTERPRISES

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964486

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL BROCK

Mailing Address 1806 ORCHARD COUNTRY LN.

City

HOUSTON

State

TX

Zip Code

77062-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DU PONT

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948721

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER C. BROCKWAY

Mailing Address 443 ROYAL PALM WAY

City

BOCA RATON

State

FL

Zip Code

33432-7945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROCKWAY MORAN & PARTNERS,  
INC

Occupation  
PRIVATE EQUITY PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942497

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. TRACY BROCKMAN**

Mailing Address **1320 CELESTE DR**

City State Zip Code  
**MODESTO CA 95355-2402**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FAMILY HEALTHCARE MEDICAL  
 GROUP**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928865

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. DELIA E. BRODERICK**

Mailing Address **3459 NW 59TH ST**

City State Zip Code  
**SEATTLE WA 98107-3352**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955135

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. LINDA BRODIE**

Mailing Address **400 SE 5TH AVE  
 APT N1003**

City State Zip Code  
**BOCA RATON FL 33432-5642**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13958809

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DONNA SCOTT BRONAUGH

Mailing Address 10656 PARK VILLAGE PL.  
APARTMENT D.

City	State	Zip Code
DALLAS	TX	75230-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961686

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH I. BRONES

Mailing Address 4906 60TH AVE

City	State	Zip Code
SWEA CITY	IA	50590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13948086

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. REBBECCA BROOKS

Mailing Address 467 GLEN LILY RD.

City	State	Zip Code
BOWLING GREEN	KY	42101-2873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13938341

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

235.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 259 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. EDWARD T. BROOMELL

Mailing Address 82 FRANKLIN CT

City State Zip Code  
FLEMINGTON NJ 08822-2006FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929624

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. JOHN L. BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code  
CHICO CA 95928-9117FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966801

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. BILLY BROWN

Mailing Address 15 GRAND MANOR

City State Zip Code  
SUGAR LAND TX 77479-2556FEC ID number of contributing  
federal political committee.**C**Name of Employer  
BLACKHAWK SPECIALTY TOOLSOccupation  
OIL SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955978

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY BROWN

Mailing Address 1915 COUNTY ROAD 146

City

BOLIGEE

State

AL

Zip Code

35443-4217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966232

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE D. BROWN

Mailing Address 1143 OLD TRAIL RD

City

CLARKS SUMMIT

State

PA

Zip Code

18411-9255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B & S REFRIGERATED TRANSP-  
ORT INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918424

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID BROWNING

Mailing Address 752 EAST 1200 NORTH

City

SHELLEY

State

ID

Zip Code

83274-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948168

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 261 / 3187  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID BROWN

Mailing Address 207 S MAIN ST.

City  
YALEState  
MIZip Code  
48097-3322FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947767

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAVID BROWN, III

Mailing Address 2665 OAK RIDGE CT.

City

FORT MYERS

State

FL

Zip Code

33901-9389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EQE CENTERS OF FLORIDA

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961545

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS DIANA L. BROWN

Mailing Address 1037 W ALTGELD ST

City

CHICAGO

State

IL

Zip Code

60614-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957692

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

385.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONALD BROWNE

Mailing Address 255 ABINGTON DR. NE

City

ATLANTA

State

GA

Zip Code

30328-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933172

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK BROWNELL, III

Mailing Address 200 SOUTH FRONT STREET

City

MONTEZUMA

State

IA

Zip Code

50171-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROWNELL INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN/CEO

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961232

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK E. BROWNING

Mailing Address 151 LAFAYETTE TERRACE UNIT#22

City

CROSSVILLE

State

TN

Zip Code

38558-7564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965184

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10151.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GRANT D. BROWN

Mailing Address 665 ANGELITA DRIVE

City

PRESCOTT

State

AZ

Zip Code

86303-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932667

Amount of Each Receipt this Period

26.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HARLAN L. BROWN

Mailing Address 100662 COUNTY ROAD 16

City

MITCHELL

State

NE

Zip Code

69357-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931733

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES G. BROWN

Mailing Address 3105 COMMANCHE TRAIL

City

LAFAYETTE

State

IN

Zip Code

47909-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943559

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

266.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. BROWNELL, JR.

Mailing Address 133 SPRINGHOUSE LANE

City

PITTSBURGH

State

PA

Zip Code

15238-2315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941339

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JUDY BROWN

Mailing Address 10384 LA CEBRA AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958555

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KAREN BROWN

Mailing Address 1 PEACHTREE BATTLE AVE NW

City

ATLANTA

State

GA

Zip Code

30305-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCHSTONE

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953644

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN M. BROWN

Mailing Address P.O. BOX 815

City

LAKE CITY

State

SC

Zip Code

29560-0815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROWN ANIMAL HOSPITAL

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948925

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KATHERINE ROSE BROWNING

Mailing Address 601 I ST

City

OAKLAND

State

MD

Zip Code

21550-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GARRETT COLLEGE

Occupation

C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946003

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KATHERINE ROSE BROWNING

Mailing Address 601 I ST

City

OAKLAND

State

MD

Zip Code

21550-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GARRETT COLLEGE

Occupation

C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963067

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 266 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. MALCOLM L. BROWN

Mailing Address 10 FONTIS TER

City

CROSSVILLE

State

TN

Zip Code

38558-7615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13957659

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MURIEL R. BROWN

Mailing Address 819 TOYON WAY

City

REDWOOD CITY

State

CA

Zip Code

94062-3119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13964050

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

OLGA BROWNE

Mailing Address 507 CORONA DEL CAMPO LOOP

City

LAS CRUCES

State

NM

Zip Code

88011-4050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931560

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PHILIP BROWN

Mailing Address 10811 W. SANDS DR.

City

SUN CITY

State

AZ

Zip Code

85373-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLENDALE COMMUNITY COLLEGE

Occupation

INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928378

Amount of Each Receipt this Period

199.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PHILIP BROWN

Mailing Address 10811 W. SANDS DR.

City

SUN CITY

State

AZ

Zip Code

85373-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLENDALE COMMUNITY COLLEGE

Occupation

INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947632

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH E. BROWN

Mailing Address 7509 FLAGSTONE ST

City

FORT WORTH

State

TX

Zip Code

76118-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAPELLM PARTNERS INC

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928514

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH E. BROWN

Mailing Address 7509 FLAGSTONE ST

City

FORT WORTH

State

TX

Zip Code

76118-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAPELLM PARTNERS INC

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13943023

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH E. BROWN

Mailing Address 7509 FLAGSTONE ST

City

FORT WORTH

State

TX

Zip Code

76118-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAPELLM PARTNERS INC

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969810

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY BROWN

Mailing Address 3216 PLANTATION RD.

City

RALEIGH

State

NC

Zip Code

27609-7826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957700

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 269 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. SHELLY BROWN

Mailing Address 1030 GREEN VALLEY RD

City State Zip Code  
BRYN MAWR PA 19010-1912FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962524

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. STANLEY M. BROWN

Mailing Address 122 BEECHWOOD DR

City State Zip Code  
PIEDMONT SC 29673-9171FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960790

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. STEPHEN BROWNELL

Mailing Address 76 MERRIWEATHER ROAD

City State Zip Code  
GROSSE POINTE MI 48236-3623FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KIRLIN LIGHTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VP OPERATIONS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961224

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5320.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 270 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. BROWN

Mailing Address 253 HIDDEN LAKE RD.

City

HENDERSONVILLE

State

TN

Zip Code

37075-5543

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

COMPETITION POWDER COATERS

Occupation

POWDER COATING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13955877

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA J. BRUBAKER

Mailing Address 393 FEARRINGTON POST

City

PITTSBORO

State

NC

Zip Code

27312-8518

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936483

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA J. BRUBAKER

Mailing Address 393 FEARRINGTON POST

City

PITTSBORO

State

NC

Zip Code

27312-8518

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13953267

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

211.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 271 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER W. BRUBAKER

Mailing Address 4250 ROSEMONT CT.

City

POWDER SPGS

State

GA

Zip Code

30127-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954704

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LARRY A. BRUCHEY

Mailing Address P.O. BOX 93015

City

SOUTHLAKE

State

TX

Zip Code

76092-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961437

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS BRUDER, JR.

Mailing Address 600 REED RD.

City

BROOMALL

State

PA

Zip Code

19008-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REED ROAD ASSOCIATES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PARTNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934844

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. DON A. BRUHL

Mailing Address 416 SPYGLASS ST

City

MEADOWLAKES

State

TX

Zip Code

78654-6418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940373

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FAITH BRUINS

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NIXON & PEABODY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968693

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DONNA J. BRUMAT

Mailing Address 2904 TUGIE ST

City

METAIRIE

State

LA

Zip Code

70003-3930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932717

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DONNA J. BRUMAT

Mailing Address 2904 TUGIE ST

City

METAIRIE

State

LA

Zip Code

70003-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951199

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL A. BRUNELLI

Mailing Address 15462 GULF BOULEVARD  
UNIT 508

City

MADEIRA BEACH

State

FL

Zip Code

33708-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961236

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK W. BRUNO

Mailing Address 32 CLAPBOARD HILL ROAD

City

WESTPORT

State

CT

Zip Code

06880-6317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CERBERUS CAPITAL

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13955985

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

21050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR. CLINTON BRUNSON

Mailing Address 6773 CARENE

City State Zip Code  
FRANKSTON TX 75763-3150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
RADIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947806

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RIGIALD BRUNSON

Mailing Address 4 JARDIN TRACE

City State Zip Code  
HOT SPRINGS AR 71909-7887

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971673

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROSS A. BRUPBACHER

Mailing Address 200 PEMBROKE LN

City State Zip Code  
LAFAYETTE LA 70508-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918453

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER BRUSATI

Mailing Address 742 ROBINHOOD LN.

City

REDLANDS

State

CA

Zip Code

92373-5738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMM CORP

Occupation

MECHANICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955085

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. BRUSCHI

Mailing Address 303 E 46TH ST

City

NEW YORK

State

NY

Zip Code

10017-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932469

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. BRUSCHI

Mailing Address 303 E 46TH ST

City

NEW YORK

State

NY

Zip Code

10017-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948988

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN J. BRUSCHI**

Mailing Address **303 E 46TH ST**

City State Zip Code  
**NEW YORK NY 10017-3054**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**525.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13959763**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. VERNA E. BRUSS**

Mailing Address **2222 W HAYES STREET**

City State Zip Code  
**WOODBURN OR 97071-3036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13928544**

Amount of Each Receipt this Period

**85.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**ELIZABETH BRYAN**

Mailing Address **107 BRIGHTWOOD CLUB DR.**

City State Zip Code  
**LUTHVLE TIMON MD 21093-3628**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13918481**

Amount of Each Receipt this Period

**160.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**345.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACOB F. BRYAN, III

Mailing Address 5249 YACHT CLUB RD.

City

JACKSONVILLE

State

FL

Zip Code

32210-8325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRYAN GROUP

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13942507

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ROXIE A. BRYANT

Mailing Address 507 ST CHARLES DRIVE

City

ARLINGTON

State

TX

Zip Code

76013-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964786

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM F. BRYANT

Mailing Address 939 HUNTINGTON PARK DR.

City

CHARLOTTE

State

NC

Zip Code

28211-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957206

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2660.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH BRYDEN

Mailing Address 1 W 67TH ST APT 611

City

NEW YORK

State

NY

Zip Code

10023-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945394

Amount of Each Receipt this Period

135.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MOLLY BRYSON

Mailing Address 401 9TH STREET N.W.  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968699

Amount of Each Receipt this Period

411.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. NIRMAL BUAL

Mailing Address 21216 NORTHWEST FREEWAY  
SUITE 650

City

CYPRESS

State

TX

Zip Code

77429-4697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961180

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5546.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROLLIN N. BUBERT

Mailing Address 140 W GOEBEL DR.

City

LOMBARD

State

IL

Zip Code

60148-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929165

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT D. BUCHANAN

Mailing Address 4571 EAGLERIDGE CIR  
APT 108

City

PUEBLO

State

CO

Zip Code

81008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1602.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935723

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT D. BUCHANAN

Mailing Address 4571 EAGLERIDGE CIR  
APT 108

City

PUEBLO

State

CO

Zip Code

81008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1602.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957083

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANITA R. BUCHHOLZ

Mailing Address 3043 72ND STREET

City

FLUSHING

State

NY

Zip Code

11370-1416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOOLEY ELECTRIC

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952637

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANITA R. BUCHHOLZ

Mailing Address 3043 72ND STREET

City

FLUSHING

State

NY

Zip Code

11370-1416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOOLEY ELECTRIC

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968350

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BETTY BUCKMAN

Mailing Address 22881 NADINE CIR UNIT B

City

TORRANCE

State

CA

Zip Code

90505-8805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931115

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. JANE BUDENSTEIN

Mailing Address 1225 GROVE PARK

City State Zip Code  
AUBURN AL 36830-2117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956648

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. JANE BUDENSTEIN

Mailing Address 1225 GROVE PARK

City State Zip Code  
AUBURN AL 36830-2117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958833

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. BARBARA H. BUENTEMEIER

Mailing Address 2225 DILLON ROAD

City State Zip Code  
COLUMBIA FLS MT 59912-8926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931614

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. BUESCHER

Mailing Address W708 KING RD

City

BROOKLYN

State

WI

Zip Code

53521-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969364

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. BUHL

Mailing Address 1304 SEVERN WAY STE. F

City

STERLING

State

VA

Zip Code

20166-8916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUHL ELECT CO. INC.

Occupation  
ELECTRIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936142

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. BUHR

Mailing Address 429 FOX RUN RD.

City

GRAYSON

State

KY

Zip Code

41143-8819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931130

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN BUKRY

Mailing Address 3707 BRANDY ROCK WAY

City

REDWOOD CITY

State

CA

Zip Code

94061-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935668

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALBERT B. BULLINGTON

Mailing Address 378 S MONTEREY DR

City

MOORE

State

SC

Zip Code

29369-9067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964437

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIMMY C. BUNCH

Mailing Address 177 COUNTY RD 48

City

ATHENS

State

TN

Zip Code

37303-6603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942571

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

990.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KENDRA BUNCH

Mailing Address 1215 LEXINGTON SQ

City

CORSICANA

State

TX

Zip Code

75110-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSID

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931596

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY BETH BUNKER

Mailing Address 430 NE 160TH ST

City

HUDSON

State

KS

Zip Code

67545-9029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956132

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL W. BUNN

Mailing Address P.O. BOX 5005  
P.M.B. 116

City

RANCHO SANTA FE

State

CA

Zip Code

92067-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DANBUN ENTERPRISES

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942981

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5210.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. BUNNELL

Mailing Address P.O. BOX 613

City

MARION

State

MA

Zip Code

02738-0011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955421

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN S. BUNTON

Mailing Address 780 MOUNTAIN RD

City

PARSONSFIELD

State

ME

Zip Code

04047-6821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931283

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PETER BURBANK

Mailing Address 47 FARRWOOD DR.

City

ANDOVER

State

MA

Zip Code

01810-5225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEWS

Occupation  
INVESTMENT BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966166

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFF C. BURCHARDT

Mailing Address P.O. BOX 603

City

OCONOMOWOC

State

WI

Zip Code

53066-0603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LORLEBERG

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932509

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFF C. BURCHARDT

Mailing Address P.O. BOX 603

City

OCONOMOWOC

State

WI

Zip Code

53066-0603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LORLEBERG

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934723

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. BURCH

Mailing Address 12143 HIDDEN BROOK TERRACE

City

NORTH POTOMAC

State

MD

Zip Code

20878-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947099

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

51.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARLAND BURDETTE

Mailing Address 11312 SNOW VIEW CT

City

YUCAIPA

State

CA

Zip Code

92399-3518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941051

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HOWARD BURDICK

Mailing Address 1401 MEADOW RANCH RD

City

MCKINNEY

State

TX

Zip Code

75071-8035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANJILON CONSULTING

Occupation  
BUSINESS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928499

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVE BURGESS

Mailing Address PO BOX 686

City

GARDEN CITY

State

KS

Zip Code

67846-0686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GARDEN SPOUT RENTALS

Occupation  
LANDLORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13967810

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. BURK

Mailing Address 2015 CREEK RD

City

HAINESPORT

State

NJ

Zip Code

08036-2773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918429

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID M. BURKE

Mailing Address 1004 VASSAR RD

City

ALEXANDRIA

State

VA

Zip Code

22314-4730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930204

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS BURKE

Mailing Address 143 FEARING PL.

City

MANTEO

State

NC

Zip Code

27954-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932510

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1131.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCIS BURKE

Mailing Address 143 FEARING PL.

City

MANTEO

State

NC

Zip Code

27954-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936981

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANCIS BURKE

Mailing Address 143 FEARING PL.

City

MANTEO

State

NC

Zip Code

27954-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952658

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS BURKE

Mailing Address 143 FEARING PL.

City

MANTEO

State

NC

Zip Code

27954-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954949

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCIS BURKE

Mailing Address 143 FEARING PL.

City

MANTEO

State

NC

Zip Code

27954-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961980

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANCIS BURKE

Mailing Address 143 FEARING PL.

City

MANTEO

State

NC

Zip Code

27954-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963789

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS BURKE

Mailing Address 143 FEARING PL.

City

MANTEO

State

NC

Zip Code

27954-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963796

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCIS BURKE

Mailing Address 143 FEARING PL.

City

MANTEO

State

NC

Zip Code

27954-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972073

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LEAH M. BURKE

Mailing Address 312 E SPRINGFIELD RD.

City

ARCOLA

State

IL

Zip Code

61910-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940040

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LOUISE J. BURKE

Mailing Address 250 E. WARREN STREET

City

ISELIN

State

NJ

Zip Code

08830-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960098

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGIE C. BURKE

Mailing Address 2810 FOX GLENN ST

City

JACKSONVILLE

State

AR

Zip Code

72076-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930364

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JACK G. BURKHALTER

Mailing Address P.O. BOX 762

City

OLTON

State

TX

Zip Code

79064-0762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953155

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BETTY L. BURLEY

Mailing Address 166 N CRESCENT DR

City

MASON CITY

State

IA

Zip Code

50401-2852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967368

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILL BURNDRETT

Mailing Address 205 SOMERSET CIR.

City

WOODSTOCK

State

GA

Zip Code

30189-7902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955909

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN M. BURNLEY

Mailing Address 2533 HUFFMAN RD

City

BOONVILLE

State

IN

Zip Code

47601-8216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEACOMESS HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953543

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BETTY BURNS

Mailing Address 756 27 RD

City

GRAND JCT

State

CO

Zip Code

81506-1884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931639

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

611.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY F. BURNS

Mailing Address 576 BURNS LN

City

LAVINIA

State

TN

Zip Code

38348-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932182

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE A. BURNS

Mailing Address 4500 FOOTHILL RD.

City

CARPINTERIA

State

CA

Zip Code

93013-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935748

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EUGENE A. BURNS

Mailing Address 4500 FOOTHILL RD.

City

CARPINTERIA

State

CA

Zip Code

93013-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972004

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW BURNS

Mailing Address 250 6TH STREET EAST

City

SAINT PAUL

State

MN

Zip Code

55101-4911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITEDHEALTH GROUP

Occupation

DIRECTOR OF COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959324

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. BURNS

Mailing Address 6424 SEMINOLE TRL.

City

MENTOR

State

OH

Zip Code

44060-3411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931889

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY BURNS

Mailing Address 428 GLENEAGLES WAY

City

VERSAILLES

State

KY

Zip Code

40383-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931334

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY BURNS

Mailing Address 428 GLENEAGLES WAY

City

VERSAILLES

State

KY

Zip Code

40383-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936009

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WARREN T. BURNS

Mailing Address 6 ADAMS COURT

City

BREWER

State

ME

Zip Code

04412-1213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW ENGLAND SCIL OF COMMU-  
NICATIONS

Occupation  
P/T PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940097

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. M. E. BURR

Mailing Address 909 W B AVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-9178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952137

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

186.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ALLEN BURT**

Mailing Address **1040 GOLDEN EAGLE TRAIL**

City State Zip Code  
**RIDGWAY CO 81432-9003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13943055

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. TED BURT**

Mailing Address **8S041 CREEK DR**

City State Zip Code  
**NAPERVILLE IL 60540-9326**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**C.T.BURT SALES, INC**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939603

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MARVIN O. BURTON**

Mailing Address **105 QUAIL HAVEN DR**

City State Zip Code  
**WALHALLA SC 29691-4129**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**256.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950030

Amount of Each Receipt this Period

**55.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**205.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. MAURICE D. BURWELL**

Mailing Address **2607 WELSH ROAD**  
**APT. L305**

City State Zip Code  
**PHILADELPHIA PA 19114-3340**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**297.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946510

Amount of Each Receipt this Period

**125.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JERRY BUSBY**

Mailing Address **1529 BLACKHALL LN. SE**

City State Zip Code  
**DECATUR AL 35601-6917**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945400

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. LORENE BUSBY**

Mailing Address **313 WASHINGTON ST**

City State Zip Code  
**PEKIN IL 61554-4134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950549

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**275.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. CLARICE F. BUSH**

Mailing Address **13619 SYLVAN DR.**

City State Zip Code  
**BIGFORK MT 59911-8445**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ORCHARDIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**376.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930248

Amount of Each Receipt this Period

**26.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. PAUL E. BUSH**

Mailing Address **1619 SUNNY CREST DR.**

City State Zip Code  
**FULLERTON CA 92835-3754**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**335.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952269

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. SHARON BUSH**

Mailing Address **2639 PARK VIEW DR.**

City State Zip Code  
**BILOXI MS 39531-2721**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950707

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**176.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH H. BUTCHER

Mailing Address 6019 GREENWAY MANOR LANE

City

SPRING

State

TX

Zip Code

77373-4926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931661

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRYAN V. BUTLER

Mailing Address 3106 CANDLE POND LANE

City

SPRING

State

TX

Zip Code

77388-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930999

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH F. BUTLER, JR.

Mailing Address 101 SUMMERTON DR

City

BLUFFTON

State

SC

Zip Code

29910-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943366

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SANDRA J. BUTLER

Mailing Address 13035 SANDIA POINT RD NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-8321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935433

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. BUTSCHKY

Mailing Address 606 BAY HILLS DRIVE

City

ARNOLD

State

MD

Zip Code

21012-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952461

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES BUTT

Mailing Address 9461 OAK DR.

City

SPRINGDALE

State

AR

Zip Code

72762-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937188

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

81.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES BUTT

Mailing Address 9461 OAK DR.

City

SPRINGDALE

State

AR

Zip Code

72762-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969281

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HELEN BUTTERFIELD

Mailing Address 609 GLENDON WAY

City

WAUKESHA

State

WI

Zip Code

53188-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955804

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NONA A. BUTTERWORTH

Mailing Address 182 IRVING PL.

City

BASKING RIDGE

State

NJ

Zip Code

07920-3083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960177

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

355.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROGER A. BUTTERS

Mailing Address 629 1/2 N CENTER ST.

City

CORRY

State

PA

Zip Code

16407-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954999

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES W. BYNUM

Mailing Address 219 AL HWY 73

City

BRYANT

State

AL

Zip Code

35958-5015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950079

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES W. BYNUM

Mailing Address 219 AL HWY 73

City

BRYANT

State

AL

Zip Code

35958-5015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971989

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 304 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. G. T. BYNUM

Mailing Address 3607 SOUTH FLORENCE AVENUE

City State Zip Code  
TULSA OK 74105-3622FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GT BYNUM CONSULTINGOccupation  
CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942977

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MARSHALL BYNUM

Mailing Address 220 DEEP CANYON DR.

City State Zip Code  
WHITNEY TX 76692-7533FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RAYTHEON COMPANYOccupation  
SENIOR ENGINEERING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932402

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MARSHALL BYNUM

Mailing Address 220 DEEP CANYON DR.

City State Zip Code  
WHITNEY TX 76692-7533FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RAYTHEON COMPANYOccupation  
SENIOR ENGINEERING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965106

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BILL BYRD

Mailing Address 105 MOUNTAIN MEADOW CIR

City

WEAVERVILLE

State

NC

Zip Code

28787-9448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928996

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. BONNY BYRD

Mailing Address 407 LA VISTA RD.

City

PUEBLO

State

CO

Zip Code

81005-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963344

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

J BYRD

Mailing Address 2626 BOHICKET RD.

City

JOHNS ISLAND

State

SC

Zip Code

29455-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946676

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOHN L. BYRD, JR.

Mailing Address 407 LA VISTA RD

City

PUEBLO

State

CO

Zip Code

81005-2622

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934749

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOHN L. BYRD, JR.

Mailing Address 407 LA VISTA RD

City

PUEBLO

State

CO

Zip Code

81005-2622

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	1	0

Transaction ID: SA11.13969834

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LAURA BYRNE

Mailing Address 523 REGENCY XING

City

SOUTHLAKE

State

TX

Zip Code

76092-9501

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957002

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

195.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK M. BYRUM

Mailing Address 440 DOVE DR W

City

FRANKLIN

State

IN

Zip Code

46131-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942598

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANTONIO O. CABRERA

Mailing Address 565 TANGERINE DR

City

EL CENTRO

State

CA

Zip Code

92243-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918413

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANTONIO O. CABRERA

Mailing Address 565 TANGERINE DR

City

EL CENTRO

State

CA

Zip Code

92243-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938452

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 3187

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL O. CACECI

Mailing Address 17 CAMBRIC CIR

City

PITTSFORD

State

NY

Zip Code

14534-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
XEROX

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929435

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RAYMOND CADENA

Mailing Address 551 N SAN JOAQUIN AVE

City

SAN ANTONIO

State

TX

Zip Code

78228-6137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946627

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RAYMOND CADENA

Mailing Address 551 N SAN JOAQUIN AVE

City

SAN ANTONIO

State

TX

Zip Code

78228-6137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953309

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW CADER

Mailing Address 70 MEETING HOUSE ROAD

City

MT. KISCO

State

NY

Zip Code

10549-4236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951651

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THURLOW H. CAFFEY

Mailing Address 4801 GLENWOOD HILLS DR NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931903

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THURLOW H. CAFFEY

Mailing Address 4801 GLENWOOD HILLS DR NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962741

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES CAGE

Mailing Address 3259 DAVENPORT PARK LANE

City

DULUTH

State

GA

Zip Code

30096-9238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HONEYWELL

Occupation

SALES ENGINEERING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931453

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET M. CAHILL

Mailing Address 84 PINE GROVE AVE

City

SUMMIT

State

NJ

Zip Code

07901-2465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956342

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MAXWELL MERRILL CAIN

Mailing Address 224 OAKMONT CIR.

City

BIRMINGHAM

State

AL

Zip Code

35244-2283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

851.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943868

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

401.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MAXWELL MERRILL CAIN

Mailing Address 224 OAKMONT CIR.

City

BIRMINGHAM

State

AL

Zip Code

35244-2283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951837

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUZANNE C. CAIRO

Mailing Address 14035 BOQUITA DR.

City

DEL MAR

State

CA

Zip Code

92014-2944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962602

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY CALANDRI

Mailing Address 36314 AVENIDA DEL SOL

City

CATHEDRAL CITY

State

CA

Zip Code

92234-1590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949004

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. CALDWELL

Mailing Address 3006 LOLITA PAMPLIN CIR.

City

HUNTSVILLE

State

AL

Zip Code

35811-9537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEI TECHNOLOGIES INC

Occupation

ENGINEER MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933471

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THELMA CALDWELL

Mailing Address 327 E 7TH. ST.

City

WALSENBURG

State

CO

Zip Code

81089-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940412

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THELMA CALDWELL

Mailing Address 327 E 7TH. ST.

City

WALSENBURG

State

CO

Zip Code

81089-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968874

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES MICHAEL CALLAIS

Mailing Address PO BOX 724

City

GOLDEN MEADOW

State

LA

Zip Code

70357-0724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALLAIS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13947622

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD J. CALLAHAN

Mailing Address 3510 CAMBRIDGE EST

City

QUINCY

State

IL

Zip Code

62301-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944146

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD J. CALLAHAN

Mailing Address 3510 CAMBRIDGE EST

City

QUINCY

State

IL

Zip Code

62301-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944501

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2601.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. KATHLEEN CALLAHAN**

Mailing Address **4 MEADOW LARK DR.**

City State Zip Code  
**E. NORTHPORT NY 11731-4307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**206.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963553**

Amount of Each Receipt this Period

**101.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLOTTE E. CALLIF**

Mailing Address **9707 MIDDLETON RIDGE ROAD**

City State Zip Code  
**VIENNA VA 22182-1493**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931550**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. R. W. CALLOWAY**

Mailing Address **3811 TURTLE CREEK BLVD  
STE 400**

City State Zip Code  
**DALLAS TX 75219-4531**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CALLOWAY, TORRES, BURDETTE  
& WEBER**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13958520**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**302.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARRY CALVAGNA

Mailing Address 24 COOPER

City

HUNTINGTON STATION

State

NY

Zip Code

11746-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAG

Occupation

SMALL BUS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964484

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. CALVERT

Mailing Address 12236 GALESVILLE DR.

City

GAITHERSBURG

State

MD

Zip Code

20878-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. FOOD AND DRUG ADMIN

Occupation

RESEARCH MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935675

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LINDA L. CALVIN

Mailing Address 839 BRIGHT STAR STREET

City

THOUSAND OAKS

State

CA

Zip Code

91360-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALRICHWELL CORP. INC.

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918428

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. HUGH CAMERON**

Mailing Address **P.O. BOX 189**

City State Zip Code  
**GROSSE ILE MI 48138-0189**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**241.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948524

Amount of Each Receipt this Period

**21.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS W. CAMERON**

Mailing Address **848 N THOMPSON AVE**

City State Zip Code  
**NIPOMO CA 93444-9493**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNEMPLOYED

Occupation

ENGINEERING CONSULT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933999

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS W. CAMERON**

Mailing Address **848 N THOMPSON AVE**

City State Zip Code  
**NIPOMO CA 93444-9493**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNEMPLOYED

Occupation

ENGINEERING CONSULT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953180

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**81.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. KIM J. CAMPAGNA, JR.**

Mailing Address **42228 N DEER TRAIL RD**

City State Zip Code  
**CAVE CREEK AZ 85331-2865**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13931359

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**CALVIN A. CAMPBELL, JR.**

Mailing Address **1310 N RITCHIE CT APT 5B**

City State Zip Code  
**CHICAGO IL 60610-4951**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946127

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**CALVIN A. CAMPBELL, JR.**

Mailing Address **1310 N RITCHIE CT APT 5B**

City State Zip Code  
**CHICAGO IL 60610-4951**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948876

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CATHERINE M. CAMPBELL

Mailing Address 880 BRENTWOOD DR.

City

BILOXI

State

MS

Zip Code

39532-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943125

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. CAMPBELL

Mailing Address 3818 SHADYLAWN AVENUE NW

City

ROANOKE

State

VA

Zip Code

24012-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929017

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY CAMPBELL

Mailing Address 151 GREAT WATER CIR

City

SANDPOINT

State

ID

Zip Code

83864-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960173

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARK A. CAMPBELL

Mailing Address 2200 WILSON AVE

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962503

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RANDOLPH G. CAMPBELL

Mailing Address 730 BUFF DR NE

City

ATLANTA

State

GA

Zip Code

30342-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNTRUST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BANKER

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950425

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT R. CAMPBELL

Mailing Address 2348 CORAL LEAF RD

City

TOMS RIVER

State

NJ

Zip Code

08755-0864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936930

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

660.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. CAMPBELL

Mailing Address 509 WAYNE DR

City

NEWARK

State

OH

Zip Code

43055-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATTORNEY/PARTNER

Occupation

THOMAS K CAMPBELL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956350

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEO EUGENE CAMPISI

Mailing Address 812 EAGAN OAKS LANE

City

SAINT PAUL

State

MN

Zip Code

55123-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEO COMPISI

Occupation

BEEF SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948374

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEO EUGENE CAMPISI

Mailing Address 812 EAGAN OAKS LANE

City

SAINT PAUL

State

MN

Zip Code

55123-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEO COMPISI

Occupation

BEEF SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961892

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. SANDRA J. CANCRO**

Mailing Address **18514 SE 440TH STREET**

City State Zip Code  
**ENUMCLAW WA 98022-9151**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13938445

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. SANDRA J. CANCRO**

Mailing Address **18514 SE 440TH STREET**

City State Zip Code  
**ENUMCLAW WA 98022-9151**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945272

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. SANDRA J. CANCRO**

Mailing Address **18514 SE 440TH STREET**

City State Zip Code  
**ENUMCLAW WA 98022-9151**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952557

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**75.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEE B. CANFIELD

Mailing Address 2500 N. LAKEVIEW AVENUE  
APARTMENT 3204City State Zip Code  
CHICAGO IL 60614-1829FEC ID number of contributing  
federal political committee.**C**Name of Employer  
M.W. MUTUAL LIFEOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945326

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS X. CANNADAY

Mailing Address 363 W. BIRDIE DRIVE

City State Zip Code  
PUEBLO WEST CO 81007-6040FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948700

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLIE H. CANNON

Mailing Address 9415 HOLLY BLUFFS DR

City State Zip Code  
MECHANICSVILLE VA 23116-6640FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929039

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

235.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MR. FRANK S. CANNON, USMC (RET.)

Mailing Address 528 MOCKINGBIRD DR.

City	State	Zip Code
LONG BEACH	MS	39560-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943332

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DR. JAY PAUL CANNON

Mailing Address 1221 GLENBROOK TERRACE

City	State	Zip Code
NICHOLS HILLS	OK	73116-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932308

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
DR. CRAIG G. CANTRELL

Mailing Address 124 FAIROAKS CIR.

City	State	Zip Code
GADSDEN	AL	35901-5414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933418

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. CRAIG G. CANTRELL**

Mailing Address **124 FAIROAKS CIR.**

City State Zip Code  
**GADSDEN AL 35901-5414**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13958340

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES M. CANTRELL, JR.**

Mailing Address **446 E MAIN ST.**

City State Zip Code  
**MURFREESBORO TN 37130-3856**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948465

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MIKE CANTRELL**

Mailing Address **PO BOX 582**

City State Zip Code  
**ADA OK 74821-0582**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CANTREL ENERGY CORP.**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13945252

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2636.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**THOMAS L. CANTRELL**

Mailing Address **912 LAYFIELD BRANCH ROAD**

City State Zip Code  
**HAMILTON GA 31811-4108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**HOME BUILDER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13938950

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES CANTY**

Mailing Address **3151 ETON AVENUE  
 APARTMENT A**

City State Zip Code  
**BERKELEY CA 94705-2703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13951960

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. DOROTHY S. CAPPS**

Mailing Address **1417 E CHURCH ST.**

City State Zip Code  
**UNION CITY TN 38261-4201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13945095

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1041.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL P. CAPRIA

Mailing Address 10104 LAKE COVE LN.

City

TAMPA

State

FL

Zip Code

33618-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935665

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOUISE E. CAPUANO, JR.

Mailing Address 4701 PARKTRAIL DRIVE

City

SANTA ROSA

State

CA

Zip Code

95405-7939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THERMASOURCE

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966435

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SERGIO J. CARDELLO

Mailing Address 60 CIRCLE RD

City

STATEN ISLAND

State

NY

Zip Code

10304-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932914

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 327 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. TERESA F. CARDEN

Mailing Address PO BOX 72014

City

DURHAM

State

NC

Zip Code

27722-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOSPITAL TRAVELER INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938477

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. TERESA F. CARDEN

Mailing Address PO BOX 72014

City

DURHAM

State

NC

Zip Code

27722-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOSPITAL TRAVELER INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	0

Transaction ID: SA11.13971539

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROBERTA J. CARDWELL

Mailing Address 34 PATTON DR

City

NEWPORT NEWS

State

VA

Zip Code

23606-1747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939559

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PARKER CAREY

Mailing Address 35 SCHOONER ST  
APT. 215

City State Zip Code  
DAMARISCOTTA ME 04543-4052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940209

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA J. CAREY

Mailing Address N6738 JONATHAN DR

City State Zip Code  
PARDEEVILLE WI 53954-9310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930908

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA J. CAREY

Mailing Address N6738 JONATHAN DR

City State Zip Code  
PARDEEVILLE WI 53954-9310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953153

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

46.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEY A. CAREY

Mailing Address 564 CASTLEMAN RD.

City

VESTAL

State

NY

Zip Code

13850-6140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945030

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. CARINO

Mailing Address 138 MONTROSE AVE UNIT 29

City

BRYN MAWR

State

PA

Zip Code

19010-1561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SECURITY CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918751

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY B. CARLISLE

Mailing Address 701 S BLUEBIRD DRIVE

City

AURORA

State

MO

Zip Code

65605-1975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MWM/DEXTER

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931774

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. RACHEL MARIE CARLOW

Mailing Address P.O. BOX 125

City State Zip Code  
BLOOMFIELD NE 68718-0125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950837

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DON CARLSON

Mailing Address 11451 E SWEETWATER AVE

City State Zip Code  
SCOTTSDALE AZ 85259-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938807

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. HARVEY D. CARLSON

Mailing Address 5419 COUNTY HIGHWAY 9

City State Zip Code  
LYNN CENTER IL 61262-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960776

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

345.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARIANE CARLTON FISHER

Mailing Address 3023 COBBLERS CROSSING RD

City

NEW ALBANY

State

IN

Zip Code

47150-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREATER CLARK COUNTY SCHO-  
OLS

Occupation

SUPERVISOR OF INSTRUCTIONAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938485

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARIANE CARLTON FISHER

Mailing Address 3023 COBBLERS CROSSING RD

City

NEW ALBANY

State

IN

Zip Code

47150-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREATER CLARK COUNTY SCHO-  
OLS

Occupation

SUPERVISOR OF INSTRUCTIONAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957688

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW CARNEY

Mailing Address 1838 NEWPORT BLVD

City

COSTA MESA

State

CA

Zip Code

92627-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APEX DESIGN TECHNOLOGY

Occupation

SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929600

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH CARNELL**

Mailing Address **6326 AUGUSTA CV**

City State Zip Code  
**DESTIN FL 32541-3465**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931895

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**B. CARPENTER**

Mailing Address **433 SKYLINE DR.**

City State Zip Code  
**VISTA CA 92084-5733**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1001.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13932574

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**B. CARPENTER**

Mailing Address **433 SKYLINE DR.**

City State Zip Code  
**VISTA CA 92084-5733**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1001.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933441

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**361.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWIN L. CARPENTER

Mailing Address 160 GLENDALE AVE

City

UNION CITY

State

MI

Zip Code

49094-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972128

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAY CARPENTER

Mailing Address 16355 FOX CROSS DR.

City

GRANGER

State

IN

Zip Code

46530-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965314

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOAN CARPENTER

Mailing Address 2885 PIEDMONT DR.

City

HIGHLAND

State

CA

Zip Code

92346-1773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928050

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. EDWIN G. CARR**

Mailing Address **405 HILLCREST DR.**

City State Zip Code  
**RAVENSWOOD WV 26164-1425**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: **SA11.13937319**

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID S. CARROLL, JR.**

Mailing Address **235 RIVEREDGE CV.**

City State Zip Code  
**CORDOVA TN 38018-7735**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**USAGE DEFINED SOFTWARE**

Occupation  
**SOFTWARE DEVELOPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**365.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: **SA11.13951479**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES CARROLL**

Mailing Address **2410 CLAREMONT DRIVE**

City State Zip Code  
**FALLS CHURCH VA 22043-3024**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ACCENTURE**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: **SA11.13959392**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**380.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**NANCY M. CARRUTH**

Mailing Address **P.O. BOX 267**

City State Zip Code  
**BUNKIE LA 71322-0267**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OWNER OF FARM LAND THAT IS RENTED OUT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**11 / 17 / 2010**

Transaction ID: **SA11.13969856**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH M. CARSON, JR.**

Mailing Address **101 WALNUT AVE.**

City State Zip Code  
**SAINT CLAIRSVILLE OH 43950-1702**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DAIRY OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 18 / 2010**

Transaction ID: **SA11.13971366**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. BEVERLY T. CARTER**

Mailing Address **P.O. BOX 328**

City State Zip Code  
**FORT SUMNER NM 88119-0328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: **SA11.13947130**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DEBORAH CARTER**

Mailing Address **5746 DOBSON DRIVE**

City State Zip Code  
**FAYETTEVILLE NC 28311-3451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928872

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD CARTER**

Mailing Address **RR 2**

City State Zip Code  
**WADENA MN 56482**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**396.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956953

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. FRANCES R. CARTER**

Mailing Address **2433 FIELD CRESE RD**

City State Zip Code  
**BELOIT WI 53511-1920**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956226

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**185.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. TROY A. CARTER**

Mailing Address **695 N ASH DR**

City State Zip Code  
**CHANDLER AZ 85224-8247**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13955811

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH CARTINELLA**

Mailing Address **515 TRINITY PL APT 2KN**

City State Zip Code  
**WESTFIELD NJ 07090-3370**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954453

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**TELFRED CARTWRIGHT**

Mailing Address **605 SE 2ND PL #4**

City State Zip Code  
**GAINESVILLE FL 32601-6877**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation

**RECYCLING**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936205

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. CARY

Mailing Address 77-430 HOOMALUHIA DR  
LOT 10

City State Zip Code  
KAILUA KONA HI 96740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONA QUEEN COMPANY

Occupation  
BEE KEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929591

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK H. CASE

Mailing Address 726 HARVARD DR

City State Zip Code  
PLEASANT HILL CA 94523-1510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943765

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SANDRA K. CASEMENT

Mailing Address 28356 ALAVA

City State Zip Code  
MISSION VIEJO CA 92692-1634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954767

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

191.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES CASEY**

Mailing Address **347 OLD SHENNANDALE RD**

City State Zip Code  
**CHARLES TOWN WV 25414-4783**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**690.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950043

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MARGIE E. CASEY**

Mailing Address **6930 SUMNER ST.**

City State Zip Code  
**LINCOLN NE 68506-1549**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941048

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JEAN S. CASH**

Mailing Address **111 S SALEM ST.**

City State Zip Code  
**APEX NC 27502-1822**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963143

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**260.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JEAN S. CASH

Mailing Address 111 S SALEM ST.

City

APEX

State

NC

Zip Code

27502-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963166

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOHANNA M. CASH

Mailing Address 1149 HOME PARK AVE

City

JANESVILLE

State

WI

Zip Code

53545-4811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936693

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOHANNA M. CASH

Mailing Address 1149 HOME PARK AVE

City

JANESVILLE

State

WI

Zip Code

53545-4811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944248

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

86.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. CASPER

Mailing Address 2505 E BRADFORD AVE  
APT 3301

City State Zip Code  
MILWAUKEE WI 53211-4264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947822

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN CASSIDY, JR.

Mailing Address P.O. BOX 200

City State Zip Code  
STROUD OK 74079-0200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969215

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LINDA CAST

Mailing Address 342 S HUMBOLDT DR.

City State Zip Code  
HENDERSON NV 89074-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940680

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. CASTELLINI

Mailing Address 312 ELM STREET, SUITE 2600  
SUITE 2600

City State Zip Code  
CINCINNATI OH 45202-2728

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CASTELLINI COMPANY

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961171

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS CASTELLOE

Mailing Address 3417 WILLIAMSBOROUGH CT

City State Zip Code  
RALEIGH NC 27609-6368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938677

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSE MARTINEZ CASTILLO

Mailing Address P.O. BOX 352284

City State Zip Code  
LOS ANGELES CA 90035-0259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952749

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOSE MARTINEZ CASTILLO

Mailing Address P.O. BOX 352284

City

LOS ANGELES

State

CA

Zip Code

90035-0259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956653

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA C. CASTILLE

Mailing Address 167 CAMELIA DR

City

OPELOUSAS

State

LA

Zip Code

70570-8675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948462

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE ELIZABETH CASTLE

Mailing Address 3847 HAVENWOOD BLVD.

City

JACKSON

State

MI

Zip Code

49201-9094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949859

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

191.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICARDO CASTRO

Mailing Address 128 EBONY AVE

City

BROWNSVILLE

State

TX

Zip Code

78520-8012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954368

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GIOSAFAT CATALDO

Mailing Address 1401 1ST ST

City

VICTORIA

State

VA

Zip Code

23974-9506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARINO'S ITALIAN RESTAURA-  
NT PIZZA & GR

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969744

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. CATANESE

Mailing Address 2201 MEMORY LN

City

WESTLAKE VILLAGE

State

CA

Zip Code

91361-5524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATANESE & WELLS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945366

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

495.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARLENE J. CATHEY

Mailing Address 357 WEATHERIDGE DR

City

JACKSON

State

TN

Zip Code

38305-6602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961846

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. W. SCOTT CAUCHOIS

Mailing Address 24 RICHARDSON WAY

City

PIEDMONT

State

CA

Zip Code

94611-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930207

Amount of Each Receipt this Period

71.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. W. SCOTT CAUCHOIS

Mailing Address 24 RICHARDSON WAY

City

PIEDMONT

State

CA

Zip Code

94611-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966417

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH D. CAUGHRON

Mailing Address 4141 S BRAESWOOD BOULEVARD APT  
APT 358City State Zip Code  
HOUSTON TX 77025FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950523

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL P. CAULKINS

Mailing Address 57 SOUTHSIDE COUNTRY CLUB

City State Zip Code  
DECATUR IL 62521-9125FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATTERSON HOUSE, INC.Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13942995

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL P. CAULKINS

Mailing Address 57 SOUTHSIDE COUNTRY CLUB

City State Zip Code  
DECATUR IL 62521-9125FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATTERSON HOUSE, INC.Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964566

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

185.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 347 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARY CAUSEY

Mailing Address 26312 TURKEY RIDGE ROAD

City

BUSH

State

LA

Zip Code

70431-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928832

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. J L. CAUTHEN

Mailing Address 1500 LAKE RD. APT. 10

City

BELTON

State

TX

Zip Code

76513-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955158

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHNNY L. CAUZOS, M.D.

Mailing Address 2 WESTPOINT DRIVE

City

MISSOURI CITY

State

TX

Zip Code

77459-6331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13958251

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH CAVALLLO

Mailing Address 2322 CANYONBACK RD

City

LOS ANGELES

State

CA

Zip Code

90049-6811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951470

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA M. CAVANAUGH

Mailing Address 7025 GARRISON CT

City

DAYTON

State

OH

Zip Code

45459-3447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935672

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WYLIE D. CAVIN, III

Mailing Address 6409 LANDMARK DRIVE

City

ALEXANDRIA

State

LA

Zip Code

71301-2344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RED RIVER BANK

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940444

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDO S. CECIC

Mailing Address 2537 S 6TH. AVE

City

RIVERSIDE

State

IL

Zip Code

60546-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934838

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDO S. CECIC

Mailing Address 2537 S 6TH. AVE

City

RIVERSIDE

State

IL

Zip Code

60546-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936615

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDO S. CECIC

Mailing Address 2537 S 6TH. AVE

City

RIVERSIDE

State

IL

Zip Code

60546-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958303

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

81.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. SARAH M. CEJKA**

Mailing Address **1751 MCROBERTS RD**

City State Zip Code  
**CEDAR RAPIDS IA 52403-9066**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**11 / 03 / 2010**

**Transaction ID: SA11.13965304**

Amount of Each Receipt this Period

**235.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. JEANNE JEANNE CENSKY**

Mailing Address **1626 S 18TH ST**

City State Zip Code  
**MANITOWOC WI 54220-6059**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13947080**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID CENTANNI**

Mailing Address **606 E 8TH ST**

City State Zip Code  
**HOUSTON TX 77007-1718**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**390.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13946870**

Amount of Each Receipt this Period

**235.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**670.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LAWRENCE CERIELLO**

Mailing Address **401 9TH STREET, NW  
 SUITE 900**

City State Zip Code  
**WASHINGTON DC 20004-2145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NIXON & PEABODY**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1199.00**

Date of Receipt

**11 / 10 / 2010**

**Transaction ID: SA11.13968694**

Amount of Each Receipt this Period

**1199.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH F. CERNIGLIA**

Mailing Address **1404 THOMAS ST**

City State Zip Code  
**GRETNA LA 70053-5639**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13936862**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH F. CERNIGLIA**

Mailing Address **1404 THOMAS ST**

City State Zip Code  
**GRETNA LA 70053-5639**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**11 / 16 / 2010**

**Transaction ID: SA11.13969184**

Amount of Each Receipt this Period

**75.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1374.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN CERVIN, JR.

Mailing Address 815A HILLTOP AVENUE EXT.

City

ABINGDON

State

MD

Zip Code

21009-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969173

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

IVAN CHADBOURNE

Mailing Address 18 CASTLE RD

City

HARMONY

State

ME

Zip Code

04942-7214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933339

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VAISHALI CHADHA

Mailing Address 1440 OAK RIM DRIVE

City

HILLSBOROUGH

State

CA

Zip Code

94010-7356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961202

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30541.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN BREWER CHADWICK

Mailing Address 83 WARREN AVE

City

PLYMOUTH

State

MA

Zip Code

02360-2437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943265

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS M. CHADWICK

Mailing Address P.O. BOX 397  
P.O. BOX 397

City

HAMMONDSPORT

State

NY

Zip Code

14840-0397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952890

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EDWARD R R CHAHIN

Mailing Address 13163 SW 91ST PL

City

MIAMI

State

FL

Zip Code

33176-5838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954160

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDMUND S. CHAMBERS

Mailing Address 66 CREST AVE

City

ALAMO

State

CA

Zip Code

94507-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943914

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE CHAMBERS

Mailing Address 1130 AIRLINE DR.

City

BOSSIER CITY

State

LA

Zip Code

71112-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RANCLAND

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930762

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES D. CHAMBERS

Mailing Address 377 COUNTY ROAD 3555

City

PARADISE

State

TX

Zip Code

76073-4033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONVERTEAM INC

Occupation  
MARINE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945128

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

361.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN S. CHAMBERLAIN

Mailing Address 182 FAIRWAY DRIVE

City

PRINCETON

State

NJ

Zip Code

08540-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966164

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KATHERYN R. CHAMBLISS

Mailing Address 122 WOODLANDS GLEN CIR.

City

BRANDON

State

MS

Zip Code

39047-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944238

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGARET CHAMBERS

Mailing Address 3 DUNNING WAY

City

JAMAICA PLAIN

State

MA

Zip Code

02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972827

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERARD L. CHAMPSAUR

Mailing Address 1430 CHANNING AVE.

City

PALO ALTO

State

CA

Zip Code

94301-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949961

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARTIN W. CHANCE

Mailing Address 425 E SOUTH AVE

City

CHENEY

State

KS

Zip Code

67025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEAL CHANCE RACING CONVER-  
TERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960732

Amount of Each Receipt this Period

230.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALFRED CHANDLER, JR.

Mailing Address P.O. BOX 453

City

RCHO SANTA FE

State

CA

Zip Code

92067-0453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934981

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 357 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PAUL T. CHANDLER

Mailing Address 6694 APACHE CIR.

City

CINCINNATI

State

OH

Zip Code

45243-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13952712

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. R. CHANDRASEKHARAN

Mailing Address 1210 E 8TH ST  
STE 1

City

WESLACO

State

TX

Zip Code

78596-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13928938

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. R. CHANDRASEKHARAN

Mailing Address 1210 E 8TH ST  
STE 1

City

WESLACO

State

TX

Zip Code

78596-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13968516

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

335.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 358 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. HAROLD L. CHAPEL

Mailing Address 4667 W 21ST STREET CIR

City

GREELEY

State

CO

Zip Code

80634-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH COLORADO CARDIOLOGY

Occupation

HEALTH CARE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962636

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GILES L. CHAPIN

Mailing Address 407 BRIDGE STREET

City

CHATHAM

State

MA

Zip Code

02633-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968083

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVE B. CHAPMAN

Mailing Address P.O. BOX 4009

City

HAMDEN

State

CT

Zip Code

06514-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940152

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DON CHAPMAN, JR.**

Mailing Address **P.O. BOX 228**

City State Zip Code  
**CHILLICOTHE MO 64601-0228**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHAPMAN, COWARD, TURNER,  
 SHASN**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: **SA11.13937322**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DOUGLAS CHAPMAN**

Mailing Address **2394 DONAMERE CIR.**

City State Zip Code  
**CENTERVILLE OH 45459-5179**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SRA**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: **SA11.13951096**

Amount of Each Receipt this Period

**400.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. J CHAPMAN**

Mailing Address **216 BUFFALO ST**

City State Zip Code  
**FREESPORT PA 16229-1304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**241.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: **SA11.13953815**

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**501.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEONARD T. CHAPMAN

Mailing Address 13760 CHANDLER BLVD

City

SHERMAN OAKS

State

CA

Zip Code

91401-5812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961726

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VICTOR IRVIN CHAPMAN

Mailing Address 4201 CLARK LN. LOT 69

City

COLUMBIA

State

MO

Zip Code

65202-4167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958626

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. CHAPPEL

Mailing Address 305 EAST 19TH STREET

City

TULSA

State

OK

Zip Code

74120-7412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SENIOR VP AND CFO

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948206

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LARRY F. CHARBONNEAU**

Mailing Address **5711 CANNON LAKE TRL**

City State Zip Code  
**FARIBAULT MN 55021-8526**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13948220

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. LARRY F. CHARBONNEAU**

Mailing Address **5711 CANNON LAKE TRL**

City State Zip Code  
**FARIBAULT MN 55021-8526**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 09 / 2010**

Transaction ID: SA11.13966561

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. E P. CHARLTON, II**

Mailing Address **1030 PARROTT DR**

City State Zip Code  
**HILLSBOROUGH CA 94010-7401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**401.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948573

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**251.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BONNIE CIOLETTI CHASE

Mailing Address 712 VIA LIDO NORD

City

NEWPORT BEACH

State

CA

Zip Code

92663-5523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956165

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HOLLACE D. CHASTAIN, II

Mailing Address 1819 BRAEMAR DRIVE

City

FORT WAYNE

State

IN

Zip Code

46814-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARKVIEW HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CARDIOLOGIST

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947741

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NEAL A. CHASTAIN

Mailing Address 4022-18TH ST #12C

City

LUBBOCK

State

TX

Zip Code

79416-6027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965253

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN I. CHAZEN

Mailing Address P.O. BOX 427

City

PACIFIC PALISADES

State

CA

Zip Code

90272-0427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OCCIDENTAL PETROLEUM CORP.

Occupation

CORPRATE OFFICER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

13000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932328

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARVIN CHEITEN

Mailing Address 35 MEADOWBROOK DRIVE

City

PRINCETON

State

NJ

Zip Code

08540-3627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

WRITER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935661

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANNIE CHEN

Mailing Address 8111 AVINGER DR.

City

ROSEMEAD

State

CA

Zip Code

91770-3928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KAISER PERMANENTE MEDICAL  
GROUP

Occupation

MEDICAL CARE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930602

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5221.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVE CHENG

Mailing Address 325 WEST 56TH STREET  
APARTMENT 34A

City State Zip Code  
NEW YORK NY 10019-3703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CREDIT SUISSE

Occupation  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932253

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. STELLA CHENHALL

Mailing Address 527 GRANT TERRACE

City State Zip Code  
TAFT CA 93268-4433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947781

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. STELLA CHENHALL

Mailing Address 527 GRANT TERRACE

City State Zip Code  
TAFT CA 93268-4433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961898

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALBERT CHERVANIK

Mailing Address 309 N 9TH ST

City

SUNBURY

State

PA

Zip Code

17801-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944929

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY CHESHIRE

Mailing Address 4009 SEGO LILLY ROAD

City

DIANA

State

TX

Zip Code

75640-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948635

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER CHETCUTI

Mailing Address 21712 BEAUFORD LANE

City

NORTHVILLE

State

MI

Zip Code

48167-9083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUALITY METRLCLAFF INC

Occupation  
L.O.B.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931287

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER CHETCUTI

Mailing Address 21712 BEAUFORD LANE

City

NORTHVILLE

State

MI

Zip Code

48167-9083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUALITY METRLCLAFF INCOccupation  
L.O.B.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966799

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CYNTHIA CHEVIRON

Mailing Address 4010 S. LAKE CT.

City

DECATUR

State

IL

Zip Code

62521-8438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941093

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CYNTHIA CHEVIRON

Mailing Address 4010 S. LAKE CT.

City

DECATUR

State

IL

Zip Code

62521-8438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957212

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. MILLARD CHIANG

Mailing Address 200 E 69TH ST., APT. 39A

City

NEW YORK

State

NY

Zip Code

10021-5747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960768

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SGT. GUS T. CHILDS

Mailing Address 12348 STATE HIGHWAY 87 N

City

TIMPSON

State

TX

Zip Code

75975-4105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946633

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L. CHILES

Mailing Address 1003 FAIRWAY SEVEN

City

VILLA RICA

State

GA

Zip Code

30180-5830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944063

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

411.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SYLVIA P. CHIOFOLO

Mailing Address 323 CALVIN DR.

City

SALISBURY

State

MD

Zip Code

21804-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935050

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PHILIP CHISHOLM

Mailing Address 6540 BUFFALO SPEEDWAY

City

WEST UNIVERSITY PL

State

TX

Zip Code

77005-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAGE SOUTHERLAND PAGE ARC-  
HITECTS

Occupation  
MEDICAL PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918846

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PHILIP CHISHOLM

Mailing Address 6540 BUFFALO SPEEDWAY

City

WEST UNIVERSITY PL

State

TX

Zip Code

77005-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAGE SOUTHERLAND PAGE ARC-  
HITECTS

Occupation  
MEDICAL PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945572

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**JOHN T. CHITTON**

Mailing Address **229 LEE ROAD 716**

City State Zip Code  
**AUBURN AL 36830-8534**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936970

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. SONYA CHOPRA**

Mailing Address **122 GREEN VALLEY LANE**

City State Zip Code  
**MCMURRAY PA 15317-3542**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13957948

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID H. CHRISTENSEN**

Mailing Address **7000 SE RIVERSIDE DR**

City State Zip Code  
**VANCOUVER WA 98664-1674**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHRISTENSEN SHIPYARDS L.  
T. D.

Occupation

**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**670.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13947783

Amount of Each Receipt this Period

**420.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1670.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS JANET CHRISTIE

Mailing Address 319 N TACOMA AVE  
APT 1004

City State Zip Code  
TACOMA WA 98403-2716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928829

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOANNE CHRISTENSEN

Mailing Address 6453 S PRESCOTT ST

City State Zip Code  
LITTLETON CO 80120-3130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928335

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN G. CHRISTENSEN

Mailing Address 308 RANDALL RD  
# C

City State Zip Code  
GENEVA IL 60134-4201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ILL. UROLOGICAL INSTITUTE

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957656

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUNE CHRISTENSEN

Mailing Address 24 COLLEGE VIEW CT.

City

BREVARD

State

NC

Zip Code

28712-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949094

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. NEIL E. CHRISTOPHER

Mailing Address 3301 GRIFFITH LN

City

GUNTERSVILLE

State

AL

Zip Code

35976-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932659

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NOEL L. CHRISTENSEN

Mailing Address 25831 EMMERSON ST

City

LOMA LINDA

State

CA

Zip Code

92354-3910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931468

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**OAKLEY CHRISTIAN**

Mailing Address **3608 CHALMETTE CT**

City State Zip Code  
**NASHVILLE TN 37215-1001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CO CHRISTIAN**

Occupation  
**CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**361.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941909**

Amount of Each Receipt this Period

**160.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. CHRISTOPHER**

Mailing Address **27891 N 100TH WAY**

City State Zip Code  
**SCOTTSDALE AZ 85262-8929**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**6500.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956746**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**RUTH I. CHRISP**

Mailing Address **818- 17TH ST**

City State Zip Code  
**AUBURN NE 68305-2215**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13918433**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1260.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JESSIE CHU**

Mailing Address **31063 E SUNSET DR N**

City State Zip Code  
**REDLANDS CA 92373-7454**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOUSEKEEP**

Occupation  
**HOUSEKEEPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 12 / 2010**

Transaction ID: SA11.13967758

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**PAUL B. CHUCHEL**

Mailing Address **520 CHEROKEE RD.**

City State Zip Code  
**LAKE FOREST IL 60045-3157**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936235

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**JIM CHUDLEIGH**

Mailing Address **P.O. BOX 10807**

City State Zip Code  
**AUSTIN TX 78766-1807**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954777

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. DORIS M. CHURCH**

Mailing Address **1973 DUNLOE CIR.**

City State Zip Code  
**DUNEDIN FL 34698-3237**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**910.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13960712

Amount of Each Receipt this Period

**410.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN CHURCHILL**

Mailing Address **19 FOREST VIEW DR**

City State Zip Code  
**ASHEVILLE NC 28804-2318**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**11 / 18 / 2010**

Transaction ID: SA11.13971345

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**CHRISTIAN CIAMPAGLIA**

Mailing Address **3279 TELESKA RD. SE**

City State Zip Code  
**PALM BAY FL 32909-7356**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959674

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 375 / 3187  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DR. ROBERT C. CIARDULLO

Mailing Address 135 OSBORN RD

City State Zip Code  
HARRISON NY 10528-1017FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935560

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. SAMUEL R. CICALESE

Mailing Address 47 SMITHFIELD COURT

City State Zip Code  
BASKING RIDGE NJ 07920-2780FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957677

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. RICHARD A. CICERCHI

Mailing Address 9900 LORAIN AVE

City State Zip Code  
CLEVELAND OH 44102-4637FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CICERCHI DEVELOPMENT COMP-  
ANYOccupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945333

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

435.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PABLO CISILINO

Mailing Address 755 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10021-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STONE HARBOR

Occupation

PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928475

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL M. CISLO

Mailing Address 1333 2ND STREET  
SUITE 500

City

SANTA MONICA

State

CA

Zip Code

90401-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CISLO & THOMAS LLP

Occupation

PATENT ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928409

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LISA CISLO

Mailing Address 1333 2ND STREET  
SUITE 500

City

SANTA MONICA

State

CA

Zip Code

90401-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOTHEBY'S

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932257

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOEL CITRON

Mailing Address 483 TENTH AVE.

City

NEW YORK

State

NY

Zip Code

10018-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENTH AVENUE HOLDINGS LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962852

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BOB CLACK

Mailing Address 1410 BLUE RIDGE TRL

City

WAUNAKEE

State

WI

Zip Code

53597-2373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLACK CORP.ROOM

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13973000

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NAOMI R. CLADY

Mailing Address 1140 LAVINA AVE

City

BUCYRUS

State

OH

Zip Code

44820-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13942541

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1036.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. NAOMI R. CLADY

Mailing Address 1140 LAVINA AVE

City State Zip Code  
BUCYRUS OH 44820-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965796

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ANDREW L. CLARKE

Mailing Address 4767 MARSH HAMMOCK DR. E

City State Zip Code  
JACKSONVILLE FL 32224-1879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931598

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. ANNE R. CLARK

Mailing Address 425 WINN WAY APT. 102

City State Zip Code  
DECATUR GA 30030-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956535

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARABARA CLARK

Mailing Address 5401 WENTWORTH LN

City

MUNCIE

State

IN

Zip Code

47304-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918631

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA W. CLARK

Mailing Address 301 LOCK LN S

City

RICHMOND

State

VA

Zip Code

23226-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961876

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES B. CLARK

Mailing Address 1051 W CANYON CREEK CT

City

WATKINSVILLE

State

GA

Zip Code

30677-1555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962441

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. EDWARD M. CLARK, DDS**

Mailing Address **5211 YELLOWSTONE RD.  
 SUITE 1**

City State Zip Code  
**CHEYENNE WY 82009-4790**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DENTIST**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13951068**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. ELLOINE CLARK**

Mailing Address **3716 MAPLEWOOD AVE**

City State Zip Code  
**DALLAS TX 75205-2827**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**620.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13964646**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**GARY J. CLARK**

Mailing Address **259 WOOD LAKE DR**

City State Zip Code  
**MAITLAND FL 32751-3155**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13958400**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 381 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
JAMES CLARK

Mailing Address 3813 DURBIN ST

City	State	Zip Code
BALDWIN PARK	CA	91706-6804

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948287

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
JOSEPH F. CLARK

Mailing Address 5064 COUNTRY CLUB DR.

City	State	Zip Code
HIGH RIDGE	MO	63049-3500

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939574

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. KATHLEEN M. CLARK

Mailing Address 28845 COUNTRYSIDE DRIVE

City	State	Zip Code
AGOURA HILLS	CA	91301-2748

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13948208

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KITTY CLARK

Mailing Address 3843 WEST RD

City

TURIN

State

NY

Zip Code

13473-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CJ LOGGING

Occupation

ACCOUNTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962653

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LANCE E. CLARK

Mailing Address 708 FOXWOOD COURT WEST

City

GRAND JUNCTION

State

CO

Zip Code

81507-8765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SKYDANCE HELICOPTORS

Occupation

PILOT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951583

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LORI A. CLARK

Mailing Address 11129 WINDY WILLOWS

City

HELOTES

State

TX

Zip Code

78023-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959517

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. LYNNE CLARK**

Mailing Address **981 OLD FARM RD.**

City State Zip Code  
**THOUSAND OAKS CA 91360-4939**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**410.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929650

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. MARGARET A. CLARK**

Mailing Address **351 KINGS DR**

City State Zip Code  
**PINEVILLE LA 71360-2502**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**405.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928874

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT S. CLARKE**

Mailing Address **1412 SYCAMORE AVENUE**

City State Zip Code  
**FULLERTON CA 92831-2128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**202.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957136

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**386.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 384 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER W. CLARK

Mailing Address 933 RADCLIFFE AVE

City

BAKERSFIELD

State

CA

Zip Code

93305-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931274

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SHELTON CLARK

Mailing Address 9204 KNOLL CREST LOOP

City

AUSTIN

State

TX

Zip Code

78759-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EBERLINE SERVICES INCOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944593

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SHELTON CLARK

Mailing Address 9204 KNOLL CREST LOOP

City

AUSTIN

State

TX

Zip Code

78759-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EBERLINE SERVICES INCOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944628

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMOS W. CLARY

Mailing Address 7101 COACHMAN LN. APT. 201

City

HENRICO

State

VA

Zip Code

23228-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943654

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AMOS W. CLARY

Mailing Address 7101 COACHMAN LN. APT. 201

City

HENRICO

State

VA

Zip Code

23228-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950461

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AMOS W. CLARY

Mailing Address 7101 COACHMAN LN. APT. 201

City

HENRICO

State

VA

Zip Code

23228-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965963

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMOS W. CLARY

Mailing Address 7101 COACHMAN LN. APT. 201

City

HENRICO

State

VA

Zip Code

23228-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973228

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. CLAUSEN

Mailing Address 11 ASH RD

City

FREEDOM

State

NH

Zip Code

03836-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933178

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH R. CLAYTON

Mailing Address 400 W 8TH. TER. APT. A

City

LAWSON

State

MO

Zip Code

64062-9381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962336

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

151.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM K. CLAYTOR

Mailing Address 2015 SPOONBILL ST

City

JACKSONVILLE

State

FL

Zip Code

32224-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE HASKELL COMPANY

Occupation

PROJECT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956880

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON E. CLEARWATER

Mailing Address 8674 MULETOWN RD

City

REDDING

State

CA

Zip Code

96001-9516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931754

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICHARD CLEARMAN

Mailing Address 3846 LEXINGTON AVE

City

MISSOULA

State

MT

Zip Code

59808-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936167

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY S. CLECKLEY

Mailing Address 463 SUMMIT RIDGE DR

City

LAWRENCEVILLE

State

GA

Zip Code

30046-6043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940647

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY S. CLECKLEY

Mailing Address 463 SUMMIT RIDGE DR

City

LAWRENCEVILLE

State

GA

Zip Code

30046-6043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948769

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY S. CLECKLEY

Mailing Address 463 SUMMIT RIDGE DR

City

LAWRENCEVILLE

State

GA

Zip Code

30046-6043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952551

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

261.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY S. CLECKLEY

Mailing Address 463 SUMMIT RIDGE DR

City

LAWRENCEVILLE

State

GA

Zip Code

30046-6043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969303

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. AMELIA M. CLEMENTS

Mailing Address 1579 LENORE ROAD

City

COXS CREEK

State

KY

Zip Code

40013-7668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941911

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER W. CLEMENTS

Mailing Address PO BOX 27506

City

TUCSON

State

AZ

Zip Code

85726-7506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDEN EAGLE DISTRIBUTORS  
INC.

Occupation  
SALES EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942495

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. CLEMENTS

Mailing Address 4667 ORTEGA BLVD.

City

JACKSONVILLE

State

FL

Zip Code

32210-7633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVERBANK

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942513

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS D. CLEPPER

Mailing Address 1413 ESTATES DR

City

SEYMOUR

State

TN

Zip Code

37865-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954971

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. CLICK, JR.

Mailing Address 6403 E MIRAMAR DRIVE

City

TUCSON

State

AZ

Zip Code

85715-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JIM CLICK AUTOMOTIVE

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

29000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932333

Amount of Each Receipt this Period

19000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MRS. VICKI M. CLICK

Mailing Address 6403 EAST MIRAMAR DRIVE

City State Zip Code  
TUCSON AZ 85715-3118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932346

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. BARBARA A. CLIFFORD

Mailing Address 9213 W. H. BURGESS DR.

City State Zip Code  
EL PASO TX 79925-5116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962713

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. C G. CLIFFORD

Mailing Address 3890 COOPERVILLE RD

City State Zip Code  
PELAHATCHIE MS 39145-3505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944141

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30476.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. C G. CLIFFORD**

Mailing Address **3890 COOPERVILLE RD**

City State Zip Code  
**PELAHATCHIE MS 39145-3505**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944493

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. HELEN W. CLIFFORD**

Mailing Address **3890 COOPERVILLE RD.**

City State Zip Code  
**PELAHATCHIE MS 39145-3505**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**485.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963665

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT F. CLIFF, II**

Mailing Address **6029 ERINBLAIR LOOP**

City State Zip Code  
**HAYMARKET VA 20169-2613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MANTECH INTL.**

Occupation  
**TECHNICAL**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**661.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937109

Amount of Each Receipt this Period

**235.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**315.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN CLINE

Mailing Address

325 7TH ST. NE SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C2 GROUP LLC

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11A.13977525

Amount of Each Receipt this Period

250.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**B.**

Full Name (Last, First, Middle Initial)

MS. KAREN CLINE

Mailing Address 24 CLINE RIVER ROAD

City

GROTTOES

State

VA

Zip Code

24441-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936151

Amount of Each Receipt this Period

104.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KAREN CLINE

Mailing Address 24 CLINE RIVER ROAD

City

GROTTOES

State

VA

Zip Code

24441-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937422

Amount of Each Receipt this Period

104.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

458.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS X. CLINTON**

Mailing Address **459 OAKLEAF CT.**

City State Zip Code  
**SIDNEY OH 45365-2556**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**451.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13932958**

Amount of Each Receipt this Period

**101.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ANTHONY P. CLOUGHERTY**

Mailing Address **500 NEWPORT CENTER DRIVE  
SUITE 910**

City State Zip Code  
**NEWPORT BEACH CA 92660-7009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13951127**

Amount of Each Receipt this Period

**2000.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. BERNARD J. CLOUGHERTY**

Mailing Address **500 NEWPORT CENTER DRIVE  
SUITE 910**

City State Zip Code  
**NEWPORT BEACH CA 92660-7009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13951123**

Amount of Each Receipt this Period

**2000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**4101.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 395 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH D. CLOUGHERTY

Mailing Address 500 NEWPORT CENTER DRIVE  
SUITE 910

City	State	Zip Code
NEWPORT BEACH	CA	92660-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951124

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEROY W. CLOW

Mailing Address 1225 370TH ST

City	State	Zip Code
SAINT VINCENT	MN	56755-9583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929461

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY T. CLUFF

Mailing Address P.O. BOX 393

City	State	Zip Code
ALDIE	VA	20105-0393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945946

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM K. CLUPPER

Mailing Address 5746 RIDGE RD

City State Zip Code  
CORTLAND OH 44410-9711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931710

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES F. CLYDE

Mailing Address 2778 S. OCEAN BLVD.  
APARTMENT 201N

City State Zip Code  
PALM BEACH FL 33480-6222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934288

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DR. PETER A. COAKLEY

Mailing Address 20 EASTERN POINT BLVD

City State Zip Code  
GLOUCESTER MA 01930-4405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2101.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940841

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

431.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GAIL COBB

Mailing Address 7518 CAREW ST

City

HOUSTON

State

TX

Zip Code

77074-4218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945465

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW COBB

Mailing Address P.O. BOX 477

City

FORT SMITH

State

AR

Zip Code

72902-0477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948225

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RHODA W. COBB

Mailing Address 336 E COCONUT PALM RD.

City

BOCA RATON

State

FL

Zip Code

33432-7916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936895

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
RHODA W. COBB

Mailing Address 336 E COCONUT PALM RD.

City State Zip Code  
BOCA RATON FL 33432-7916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937395

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
EDWIN B. COCHRANE

Mailing Address P.O. BOX 2819

City State Zip Code  
MESILLA PARK NM 88047-2819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935485

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
GEORGE COCHRANE

Mailing Address P.O. BOX 191

City State Zip Code  
SOUTHPORT ME 04576-0191

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958289

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

352.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 399 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN R. COCHRAN

Mailing Address 4031 KENNETT PIKE APT 139

City

WILMINGTON

State

DE

Zip Code

19807-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13953909

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY CODELLA

Mailing Address 116 WHITE PLAINS AVE.

City

WHITE PLAINS

State

NY

Zip Code

10604-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957173

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CPT. JOHN CODISPOTI

Mailing Address 250 MATTHEWS COVE DR

City

MONTROSS

State

VA

Zip Code

22520-3530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965735

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND C. COFER

Mailing Address 8520 CALIMAR DR

City

FRISCO

State

TX

Zip Code

75034-7712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931531

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL G. COFF

Mailing Address 2101 S GARFIELD AVE APT 217

City

LOVELAND

State

CO

Zip Code

80537-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934364

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL G. COFF

Mailing Address 2101 S GARFIELD AVE APT 217

City

LOVELAND

State

CO

Zip Code

80537-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959438

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES RICHARD COFFEE

Mailing Address 5724 HAGEN COURT

City

DALLAS

State

TX

Zip Code

75252-4971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949779

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD COFFEY

Mailing Address 3570 LARKSPUR DR.

City

LONGMONT

State

CO

Zip Code

80503-7532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937415

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GLENA COFFING

Mailing Address 4320 OLLEY LANE

City

FAIRFAX

State

VA

Zip Code

22032-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933496

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

261.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 402 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GLENA COFFING

Mailing Address 4320 OLLEY LANE

City

FAIRFAX

State

VA

Zip Code

22032-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936143

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT PARKER COFFIN

Mailing Address 916 BARCLAY CIR

City

LAKE FOREST

State

IL

Zip Code

60045-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935540

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT P. COFIN

Mailing Address 916 BARCLAY CIR

City

LAKE FOREST

State

IL

Zip Code

60045-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944356

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT P. COFIN

Mailing Address 916 BARCLAY CIR

City

LAKE FOREST

State

IL

Zip Code

60045-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	1	0

Transaction ID: SA11.13969880

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BERNARD COHEN

Mailing Address 3601 CARIBETH DR

City

ENCINO

State

CA

Zip Code

91436-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13952378

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOEL COHEN, M.D.

Mailing Address 4826 BRAES VALLEY

City

HOUSTON

State

TX

Zip Code

77096-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13958243

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. PHILIP H. COHEN**

Mailing Address **1500 OCEAN DR APT 903**  
**APARTMENT 903**

City State Zip Code  
**MIAMI BEACH FL 33139-3133**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943516

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. KATHRYN S. COLACHIS**

Mailing Address **1001 GENTER ST.**  
**PH. 9**

City State Zip Code  
**LA JOLLA CA 92037-5539**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942937

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**JOSEPH COLARUOTOLO**

Mailing Address **2741 TIMBER CREST LN.**

City State Zip Code  
**LEWISVILLE TX 75077-8672**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948498

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2151.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY COLE

Mailing Address 10401 S 750 E

City

WALKERTON

State

IN

Zip Code

46574-9474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951417

Amount of Each Receipt this Period

605.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LEE COLE

Mailing Address 8361 N LEE TREVINO DR

City

TUCSON

State

AZ

Zip Code

85742-9788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935497

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY A. COLE

Mailing Address 13640 PASEO DEL ROBLE CT

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954800

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

731.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALSTON P. COLE

Mailing Address 1040 METAIRIE RD.

City

METAIRIE

State

LA

Zip Code

70005-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMDSI

Occupation

PRESIDENT OF CO.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932675

Amount of Each Receipt this Period

301.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JACQUELINE D. COLE-GRAZIANO

Mailing Address 1008 HAMMOCK PINE BLVD

City

CLEARWATER

State

FL

Zip Code

33761-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969289

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. J. TOM COLEMAN, JR.

Mailing Address P.O. BOX 22398

City

SAVANNAH

State

GA

Zip Code

31403-2398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BONITZ

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972898

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1351.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIE R. COLEMAN

Mailing Address 606 E GARFIELD AVENUE

City

MORTON

State

TX

Zip Code

79346-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972041

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID RUSSELL COLES

Mailing Address 2424 S STEWART ST.

City

MESA

State

AZ

Zip Code

85202-7565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TCH, INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942947

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER NMN COLLINS

Mailing Address 1501 RUTLEDGE AVE

City

CHARLOTTESVILLE

State

VA

Zip Code

22903-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE BROOKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936848

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES COLLIGAN

Mailing Address 474 TACONIC RD.

City

GREENWICH

State

CT

Zip Code

06831-2851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 0 / 2 0 1 0

Transaction ID: SA11.13971549

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PATRICK F. COLLINS

Mailing Address 500 NEWPORT CENTER DRIVE  
SUITE 910

City

NEWPORT BEACH

State

CA

Zip Code

92660-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951126

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT M. COLLINS

Mailing Address 1642 MONTANE DR. E

City

GOLDEN

State

CO

Zip Code

80401-8092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963520

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VIVIAN H. COLLINS

Mailing Address 4701 MONTEREY OAKS BLVD APT 71

City

AUSTIN

State

TX

Zip Code

78749-1073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945516

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KIMBERLY M. COLONNETTA

Mailing Address 5435 PARK LN.

City

DALLAS

State

TX

Zip Code

75220-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948204

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GLENN COLVILLE

Mailing Address 5906 MASTERS DRIVE

City

HOUSTON

State

TX

Zip Code

77069-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934194

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5170.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 410 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. GLENN COLVILLE

Mailing Address 5906 MASTERS DRIVE

City	State	Zip Code
HOUSTON	TX	77069-1318

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935803

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. GLENN COLVILLE

Mailing Address 5906 MASTERS DRIVE

City	State	Zip Code
HOUSTON	TX	77069-1318

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971364

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. MARY K. COLWELL

Mailing Address 140 MARICOPA CIR

City	State	Zip Code
ENON	OH	45323-1817

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949967

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 411 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY K. COLWELL

Mailing Address 140 MARICOPA CIR

City

ENON

State

OH

Zip Code

45323-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969158

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN R. COMATAS

Mailing Address 5061 AVALON DR.

City

ALPHARETTA

State

GA

Zip Code

30005-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939339

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLYDE B. COMBS

Mailing Address P.O. BOX 23

City

RAWLINGS

State

MD

Zip Code

21557-0023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950331

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER E. COMLEY

Mailing Address 141 SETON HILL RD.

City

WILLIAMSBURG

State

VA

Zip Code

23188-1579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950581

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RITA COMPTON

Mailing Address 14910 W CARIBBEAN LN.

City

SURPRISE

State

AZ

Zip Code

85379-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RELIABLE ONSITE SUBSTANCE  
TESTINGOccupation  
DRUG TESTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13938876

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARVEY B. COMRIE

Mailing Address 4185 FOREST PARK RD

City

MUSKEGON

State

MI

Zip Code

49441-4554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13948161

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

351.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 413 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS F. CONDON

Mailing Address 6309 BURNHAM CIR  
APT 103City State Zip Code  
INVER GROVE MN 55076-1633FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13938989

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HOBERT CONGER

Mailing Address 414 E 4TH. ST.

City State Zip Code  
METROPOLIS IL 62960-2107FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940359

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HOBERT CONGER

Mailing Address 414 E 4TH. ST.

City State Zip Code  
METROPOLIS IL 62960-2107FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946661

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

91.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**HOBERT CONGER**

Mailing Address **414 E 4TH. ST.**

City State Zip Code  
**METROPOLIS IL 62960-2107**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961750

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. MARY T. CONLAN**

Mailing Address **497 EATON WAY**

City State Zip Code  
**WEST CHESTER PA 19380-6936**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**331.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943647

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DOLORES CONLEY**

Mailing Address **1591 HOLLY HILL DR.**

City State Zip Code  
**BETHEL PARK PA 15102-3507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**530.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952100

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**180.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN CONNAUGHTON

Mailing Address 111 HUNTINGTON AVENUE

City

BOSTON

State

MA

Zip Code

02199-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAIN CAPITAL

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951063

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LENA MAE CONNER

Mailing Address P.O. BOX 164

City

HAYES

State

LA

Zip Code

70646-0164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963554

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LENA MAE CONNER

Mailing Address P.O. BOX 164

City

HAYES

State

LA

Zip Code

70646-0164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963940

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30501.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY NELL CONNELL

Mailing Address 105 HEATHERWOOD CV.

City

JACKSON

State

TN

Zip Code

38305-8846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948375

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. CONNER

Mailing Address 800 BEAR CREEK RD

City

CURTIN

State

OR

Zip Code

97424-8409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960262

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. CONNER, JR.

Mailing Address 12 CHARLESTON CT

City

ELGIN

State

SC

Zip Code

29045-8521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946155

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LINDA L. CONNOLLY

Mailing Address 206 WILD PINE CT.

City

KALISPELL

State

MT

Zip Code

59901-6876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941739

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY CONNOLLY

Mailing Address 2049 ORCHARD PARK DR.

City

SCHENECTADY

State

NY

Zip Code

12309-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G E

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945922

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARY CONOVER

Mailing Address 604 SOUTH CHESTNUT STREET

City

TREMONT

State

IL

Zip Code

61568-8578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAWSON SOFTWARE

Occupation  
PRINCIPAL SYSTEMS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947834

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADRIENE CONRAD

Mailing Address 7 KIMLIN COURT

City

POUGHKEEPSIE

State

NY

Zip Code

12603-4735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH RIVER ABSTRACT CORP-  
ORATI

Occupation

OWNER OF TITLE INSURANCE AGENC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962515

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BEN D. CONRADY

Mailing Address 5 CANTERBURY LN.

City

LINCOLN

State

IL

Zip Code

62656-5443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARM OPERATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930313

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BERNICE M. CONRAD

Mailing Address 101 RIDGEWAY DR

City

BRIDGEPORT

State

WV

Zip Code

26330-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957158

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

465.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. BERNICE M. CONRAD**

Mailing Address **101 RIDGEWAY DR**

City State Zip Code  
**BRIDGEPORT WV 26330-1149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**381.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13964756**

Amount of Each Receipt this Period

**15.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. MARJORIE E. CONRAD**

Mailing Address **P.O. BOX 2170**

City State Zip Code  
**YORK BEACH ME 03910-2170**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13960271**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. KATHERINE E. CONSTABLE**

Mailing Address **2133 RICHMOND RD**

City State Zip Code  
**TROY VA 22974-3730**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**460.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13942555**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**70.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PHILLIP J. CONWAY

Mailing Address 2121 BALSAM CT SW

City

ROCHESTER

State

MN

Zip Code

55902-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966770

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR R. COOK

Mailing Address 3313 RESTON DR

City

THE VILLAGES

State

FL

Zip Code

32162-7688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCERT, INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928848

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BETTY COOK

Mailing Address 3235 BETSY LN.

City

HERNDON

State

VA

Zip Code

20171-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928055

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD D. COOK

Mailing Address 3354 135TH. ST.

City

LAMONT

State

IA

Zip Code

50650-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966815

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ETHAN COOK

Mailing Address 1330 W FARGO AVE

City

CHICAGO

State

IL

Zip Code

60626-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABM CORPORATION (WILLIS  
TOWER)

Occupation

SECURITY OFFICER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943191

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ETHAN COOK

Mailing Address 1330 W FARGO AVE

City

CHICAGO

State

IL

Zip Code

60626-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABM CORPORATION (WILLIS  
TOWER)

Occupation

SECURITY OFFICER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946384

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JAMES D. COOK

Mailing Address 150 BONANZA DR.

City State Zip Code  
SHEPHERD TX 77371-6010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946376

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. SHIRLEY H. COOK

Mailing Address 585 HILLTOP DR

City State Zip Code  
CHULA VISTA CA 91910-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929662

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. THOMAS A. COOK, JR.

Mailing Address 4591 SANDERLING CIRCLE W.

City State Zip Code  
BOYNTON BEACH FL 33436-5145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940206

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

485.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. THOMAS G. COOK

Mailing Address 810 STONEBRIDGE LN

City State Zip Code  
CRYSTAL LAKE IL 60014-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937317

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
WILLIAM COOK

Mailing Address 333 RIVER ST

City State Zip Code  
LOUISVILLE KY 40202-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRISMA CAPITAL PARTNERS

Occupation  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928745

Amount of Each Receipt this Period

324.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. LESTER COOLEY

Mailing Address 2150 WILMER RD.

City State Zip Code  
WILMER AL 36587-8232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COOLEY CONSTRUCTION CO,  
INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13968556

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

674.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES HENRY COOLIDGE, JR.

Mailing Address 6276 KINGFISHER LN.

City

ALEXANDRIA

State

VA

Zip Code

22312-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EADS-NA

Occupation

BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13929852

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL COONEY

Mailing Address 401 9TH STREET N.W.  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON PEADBODY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968700

Amount of Each Receipt this Period

811.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLIE W. COOPER

Mailing Address 6140 SHADY GROVE LN

City

MEMPHIS

State

TN

Zip Code

38120-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941288

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1086.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWIN L. COOPER

Mailing Address 7700 SEAWALL BLVD.  
APARTMENT 203

City State Zip Code  
GALVESTON TX 77551-3401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COBRA CONSULTING, INC.

Occupation  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969142

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWIN L. COOPER

Mailing Address 7700 SEAWALL BLVD.  
APARTMENT 203

City State Zip Code  
GALVESTON TX 77551-3401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COBRA CONSULTING, INC.

Occupation  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969890

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GAIL F. COOPER

Mailing Address 4956 EXETER DR.

City State Zip Code  
SUFFOLK VA 23434-7099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LANDSCAPE MGMT

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934167

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. GAIL F. COOPER**

Mailing Address **4956 EXETER DR.**

City State Zip Code  
**SUFFOLK VA 23434-7099**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LANDSCAPE MGMT**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1360.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13955997

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE COOPER**

Mailing Address **7491 WESLEYAN CHURCH ROAD SW**

City State Zip Code  
**PATASKALA OH 43062-8570**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963462

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MARTHA C. COOPER**

Mailing Address **3131 US 62 SW**

City State Zip Code  
**WASHINGTON C H OH 43160**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OHIO STATE UNIVERSITY**

Occupation  
**PROFESSOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13965145

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**290.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROSELLA M. COOPER

Mailing Address 257 E 4TH. AVE

City

SPRINGFIELD

State

CO

Zip Code

81073-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939739

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. COOPER

Mailing Address 8214 WESTCHESTER DRIVE  
9TH FLOOR

City

DALLAS

State

TX

Zip Code

75225-6100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942469

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL C. COPPOCK

Mailing Address 2203 W COVENTRY LN

City

ENOLA

State

PA

Zip Code

17025-1279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946471

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J. COPPS

Mailing Address 11926 N WILDERNESS CT

City

MEQUON

State

WI

Zip Code

53092-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COPPS INDUSTRIES INC

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972097

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. CORADESCHI

Mailing Address 32 MITCHELL RD

City

HACKETTSTOWN

State

NJ

Zip Code

07840-2541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918786

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT CORBITT

Mailing Address 2709 YAGGI DR

City

FLOWER MOUND

State

TX

Zip Code

75028-3650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VERIZON WIRELESS

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929442

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. PATRICK J. CORCORAN**

Mailing Address **19866 CALLE LAGO**

City State Zip Code  
**WALNUT CA 91789-1709**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 18 / 2010**

Transaction ID: SA11.13971349

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**BRUCE COREY**

Mailing Address **11010 N 77TH ST**

City State Zip Code  
**SCOTTSDALE AZ 85260-5564**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939015

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**H COREY**

Mailing Address **80 HEREFORD RD**

City State Zip Code  
**BRONXVILLE NY 10708-5417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949595

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH CORINO, JR.

Mailing Address 317 HONEYHILL COURT

City

NASHVILLE

State

TN

Zip Code

37217-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952323

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON LEE CORLEY

Mailing Address 401 JIM WRIGHT FWY S STE 110

City

WHITE SETTLEMENT

State

TX

Zip Code

76108-2681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932150

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MERV K. CORRELL

Mailing Address 209 W. UNIVERSITY AVENUE

City

CHAMPAIGN

State

IL

Zip Code

61820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930373

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

181.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DAN CORRIGAN

Mailing Address 525 IRIS LN.

City State Zip Code  
VERO BEACH FL 32963-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953198

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. CALVIN P. CORSI

Mailing Address 6808 DORA BLVD

City State Zip Code  
CLEVELAND OH 44131-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALADIN PROTECTIVE SYSTEMS  
INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962687

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. JOE CORVINO

Mailing Address 96 EL BONITO WAY

City State Zip Code  
MILLBRAE CA 94030-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965179

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOHN D. CORWIN

Mailing Address 133 21ST AVE N

City State Zip Code  
TEXAS CITY TX 77590-6008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944622

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RAYMOND COSENTINO

Mailing Address 15321 VASSAR ST

City State Zip Code  
WESTMINSTER CA 92683-6133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933356

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. DONELDA COSTELLO

Mailing Address 23329 20 MILE RD.

City State Zip Code  
PARIS MI 49338-9404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948758

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

626.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS LINDA M. COSTELLO

Mailing Address 7585 BEVERLY LN

City

GATES MILLS

State

OH

Zip Code

44040-9681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957442

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANET R. COSTIN

Mailing Address 1519 W WOODSIDE DR

City

DUNLAP

State

IL

Zip Code

61525-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATERPILLAR, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HR PROFESSIONAL SUPPORTING COMPUTER SY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13977515A

Amount of Each Receipt this Period

400.00

CONTRIBUTION

CHARGED BACK \$400.00 ON  
11/19/2010

**C.**

Full Name (Last, First, Middle Initial)

MS. JANET R. COSTIN

Mailing Address 1519 W WOODSIDE DR

City

DUNLAP

State

IL

Zip Code

61525-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATERPILLAR, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HR PROFESSIONAL SUPPORTING COMPUTER SY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13977515B

Amount of Each Receipt this Period

-400.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. MARY T. COSTICH**

Mailing Address **443 SAVAGE FARM DR.**

City State Zip Code  
**ITHACA NY 14850-6507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: **SA11.13961698**

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**FREDERICK COTTRELL**

Mailing Address **604 WYNARD ROAD**

City State Zip Code  
**WILMINGTON DE 19803-2231**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RICHARDS LAYTON FINGER**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: **SA11.13954343**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. NATHAN PIERCE COUCH**

Mailing Address **5 HIGH ROCK RD.**

City State Zip Code  
**DOVER MA 02030-1629**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: **SA11.13953647**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS W. COUGHLIN

Mailing Address 907 LAGRANGE AVENUE

City State Zip Code  
CAMBRIDGE MD 21613-2008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936983

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. CAROLYN L. COUGNET

Mailing Address 2605 ORCHARD AVE

City State Zip Code  
ELLICOTT CITY MD 21043-1927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARBOR HOSPITAL

Occupation  
NURSE/RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970041

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MARY COUK

Mailing Address 731 PLAZA DR.

City State Zip Code  
JOPLIN MO 64804-3961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943501

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. COULTER

Mailing Address 4551 PINK HEATHER TRL

City

CHATTANOOGA

State

TN

Zip Code

37415-2091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944712

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEVEN E. COUNCE

Mailing Address 5528 SCOUT CREEK DR

City

BIRMINGHAM

State

AL

Zip Code

35244-3945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932682

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD W. COUNTS

Mailing Address 6837 OAK VALLEY DR

City

COLORADO SPRINGS

State

CO

Zip Code

80919-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931343

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

551.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. COURRIER, SR.

Mailing Address 606 CARSKADON ROAD

City

KEYSER

State

WV

Zip Code

26726-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR.COURRIER DENTIST

Occupation

GENERAL DENTISTRY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960234

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD COUSSONS

Mailing Address 6700 W DORADO DR UNIT 19

City

DENVER

State

CO

Zip Code

80123-5174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932265

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT C. COWN

Mailing Address 2756 INDIAN SPRINGS RD

City

MARIANNA

State

FL

Zip Code

32446-6889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933065

Amount of Each Receipt this Period

376.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

736.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**CASEY COX**

Mailing Address **2840 LA CONCHA DR**

City State Zip Code  
**CLEARWATER FL 33762-2203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939704

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES R. COX**

Mailing Address **8785 W ORCHID ISLAND CIR  
 APARTMENT 206**

City State Zip Code  
**VERO BEACH FL 32963-9550**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**390.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952809

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. KEITH W. COX**

Mailing Address **3616 BREAKERS DR.**

City State Zip Code  
**OLYMPIA FLDS IL 60461-1174**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13932053

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**126.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. KEITH W. COX**

Mailing Address **3616 BREAKERS DR.**

City State Zip Code  
**OLYMPIA FLDS IL 60461-1174**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**11 / 19 / 2010**

**Transaction ID: SA11.13971042**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT W. COX**

Mailing Address **10909 MOUNT BONNEL CT**

City State Zip Code  
**FORT WORTH TX 76108-4747**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**351.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941625**

Amount of Each Receipt this Period

**151.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HARMON COXTON**

Mailing Address **1609 GEORGE WASHINGTON MEM HW**

City State Zip Code  
**YORKTOWN VA 23693-4310**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COXTON GOLD TEAM**

Occupation  
**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13935649**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**376.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 440 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GLEN E. CRAFT

Mailing Address 1108 N 6TH ST

City

TONKAWA

State

OK

Zip Code

74653-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961811

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH CRAFT

Mailing Address 3610 S TERWILLEGER BLVD

City

TULSA

State

OK

Zip Code

74105-3434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIANCE COALOccupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945616

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SUSAN R. CRAIN

Mailing Address 7182 CHAMPIONS LN.

City

WEST CHESTER

State

OH

Zip Code

45069-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13947100

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10110.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES L. CRAMER

Mailing Address P.O. BOX 907

City

PLYMOUTH

State

IN

Zip Code

46563-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934722

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JIM F. CRAMER

Mailing Address 2817 S. LIPSCOMB

City

AMARILLO

State

TX

Zip Code

79109-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DATA FLOW, INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928522

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM F. CRAMER

Mailing Address 2817 S. LIPSCOMB

City

AMARILLO

State

TX

Zip Code

79109-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DATA FLOW, INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13969816

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN SCOTT CRAMER

Mailing Address 1244 ARBOR RD APT 454

City

WINSTON SALEM

State

NC

Zip Code

27104-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946524

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA CRANE

Mailing Address 3 FRANKLIN AVE

City

CLINTON

State

NY

Zip Code

13323-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971627

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BOBBYE B. CRANE

Mailing Address 3344 FOREST LN.  
APT 112

City

DALLAS

State

TX

Zip Code

75234-7046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944475

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOLORES R. CRANE

Mailing Address 8 GREAT OAKS RD

City

NEW HOPE

State

PA

Zip Code

18938-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928821

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP A. CRANE, JR.

Mailing Address 3422 OCEAN FRONT WALK

City

SAN DIEGO

State

CA

Zip Code

92109-7531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953042

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUE CRAVEN-SMITH

Mailing Address 8625 CARTER GROVE WAY

City

KNOXVILLE

State

TN

Zip Code

37923-6838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943116

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 444 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUE CRAVEN-SMITH

Mailing Address 8625 CARTER GROVE WAY

City

KNOXVILLE

State

TN

Zip Code

37923-6838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950466

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THEODORE F. CRAVER

Mailing Address 6 INDIAN HILL LANE

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939602

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BARRY D. CRAWFORD

Mailing Address 2801 ANNAKAY XING

City

MIDLOTHIAN

State

VA

Zip Code

23113-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936864

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

420.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES C. CRAWFORD

Mailing Address 1220 WINDING BRANCH CIR

City

DUNWOODY

State

GA

Zip Code

30338-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GTRT

Occupation  
GTRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954948

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ILA MARGARET CRAWFORD

Mailing Address 3554 GRANDVIEW

City

SAN ANGELO

State

TX

Zip Code

76904-8152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956057

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ILA MARGARET CRAWFORD

Mailing Address 3554 GRANDVIEW

City

SAN ANGELO

State

TX

Zip Code

76904-8152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956059

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JASON CRAWFORD

Mailing Address 60 GARVIN AVE

City

MANCHESTER

State

NH

Zip Code

03109-5518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929390

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA CRAWFORD

Mailing Address 356 TOPAZ ST.

City

REDWOOD CITY

State

CA

Zip Code

94062-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931345

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA CRAWFORD

Mailing Address 356 TOPAZ ST.

City

REDWOOD CITY

State

CA

Zip Code

94062-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932783

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

87.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MRS. PATRICIA CRAWFORD

Mailing Address 356 TOPAZ ST.

City State Zip Code  
REDWOOD CITY CA 94062-2934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960228

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT H. CRAWFORD

Mailing Address 10615 MAPLEGROVE LN

City State Zip Code  
DALLAS TX 75218-2310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930594

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT H. CRAWFORD

Mailing Address 1253 SUTHERLAND CT

City State Zip Code  
DUNEDIN FL 34698-8355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936663

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

202.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. CRAWFORD

Mailing Address 1253 SUTHERLAND CT

City

DUNEDIN

State

FL

Zip Code

34698-8355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953735

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD M. CRAWFORD

Mailing Address 1106 DUNAWAY DRIVE

City

MCLEAN

State

VA

Zip Code

22101-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961230

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TOM CRAWFORD

Mailing Address  
325 7TH ST. NW SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C2 GROUP LLCOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11A.13977526

Amount of Each Receipt this Period

250.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

SUBTOTAL of Receipts This Page (optional) .....

1270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NED CRAWLEY

Mailing Address 4115 MEDFORD DR  
APT30

City State Zip Code  
ANNANDALE VA 22003-2778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US GOV'T

Occupation  
COMPUTER PROGRAMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951607

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN CREGER

Mailing Address 617 N WALNUT ST.

City State Zip Code  
DILLON MT 59725-2979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933115

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERHARD CREMER

Mailing Address 3406 RUSHING RD.

City State Zip Code  
AUGUSTA GA 30906-4827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953425

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

351.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GEORGE CRESSWELL

Mailing Address 2135 SOUTHGATE RD

City

COLORADO SPRINGS

State

CO

Zip Code

80906-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942547

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GEORGE CRESSWELL

Mailing Address 2135 SOUTHGATE RD

City

COLORADO SPRINGS

State

CO

Zip Code

80906-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955949

Amount of Each Receipt this Period

-750.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH CREW

Mailing Address 6422 CRAFTFORD AVE

City

NORFOLK

State

VA

Zip Code

23518-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932803

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

26.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH CREW

Mailing Address 6422 CRAFFORD AVE

City

NORFOLK

State

VA

Zip Code

23518-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933816

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH CREW

Mailing Address 6422 CRAFFORD AVE

City

NORFOLK

State

VA

Zip Code

23518-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952131

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. A. DRUMMOND CREWS

Mailing Address 8333 W 102ND STREET

City

OVERLAND PARK

State

KS

Zip Code

66212-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966820

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. CHARLENE M. CRIDER**

Mailing Address **201 DEER LICK PL**

City State Zip Code  
**PADUCAH KY 42001-6751**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939636

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**ROYAL CRIDER**

Mailing Address **134 ARSENAULT XING**

City State Zip Code  
**KINGSTON TN 37763-7133**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929059

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. CLARA M. CRIMMINS**

Mailing Address **17 PATTERSON LN**

City State Zip Code  
**MANALAPAN NJ 07726-2914**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**760.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945321

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**260.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CARMELO CRISAFULLI

Mailing Address 283 MURRAY AVE

City

DELMAR

State

NY

Zip Code

12054-9708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952108

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA L. CRISLER

Mailing Address 5284 BARDWELL AVENUE

City

RIVERSIDE

State

CA

Zip Code

92506-1517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938480

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY J. CROZENZI

Mailing Address 2455 MUNSTER ROAD

City

ROCHESTER HILLS

State

MI

Zip Code

48309-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938724

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES CROCHER

Mailing Address 1900 MARLAND ST

City

SPRINGFIELD

State

IL

Zip Code

62702-2657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935912

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID S. CROCKETT

Mailing Address 31088 BIG BEAR DR

City

EVERGREEN

State

CO

Zip Code

80439-9679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940929

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD W. CROCKER

Mailing Address 14 CINCHRING ROAD

City

ROLLING HILLS

State

CA

Zip Code

90274-5009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942467

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**SUZANNE M. CROFOOT**

Mailing Address **22333 STATE RD. 4**

City State Zip Code  
**LAKEVILLE IN 46536-9760**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**335.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942548

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. STAN CROFUT**

Mailing Address **12141 MOFFITT ST SW**

City State Zip Code  
**MASSILLON OH 44647-7243**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939757

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. VIRGINIA R. CRONE**

Mailing Address **9032 W 650 N**

City State Zip Code  
**WILLIAMSPORT IN 47993-8035**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928019

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**170.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL D. CRONIN**

Mailing Address **9414 GRANVILLE PKWY**

City State Zip Code  
**LA VISTA NE 68128-2991**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTERSTATE BUSINESS EQUIP-  
 MENT INC**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 12 / 2010**

Transaction ID: SA11.13967713

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ANN M. CRONKHITE**

Mailing Address **1228 S. WALL STREET**

City State Zip Code  
**SPOKANE WA 99204-3748**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**337.00**

Date of Receipt

**11 / 09 / 2010**

Transaction ID: SA11.13967461

Amount of Each Receipt this Period

**5.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. BETTYE J. CROSS**

Mailing Address **1172 SE 4TH. ST.**

City State Zip Code  
**PRINEVILLE OR 97754-2258**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13958275

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**555.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DENNIS CROSS

Mailing Address 25 EAST 86TH STREET

City

NEW YORK

State

NY

Zip Code

10028-0553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962946

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. CROSS

Mailing Address 31927 SYLVAN ROAD

City

GOLDEN

State

CO

Zip Code

80403-8572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ED.FACILITY CONS.

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941653

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL L. CROTTY

Mailing Address 182 MONTCLAIR DRIVE

City

VENTURA

State

CA

Zip Code

93003-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971348

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

501.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ADEN H. CROUSE

Mailing Address 923 S. SHARON AVE.

City

RED LION

State

PA

Zip Code

17356-9031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937204

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PENNY L. CROW

Mailing Address 308 SUTTONWOOD DR

City

FORT WORTH

State

TX

Zip Code

76108-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928910

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. YVONNE L. CROW

Mailing Address 1109 JANNAS TRL

City

EDMOND

State

OK

Zip Code

73012-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939032

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. FLOYD E. CROWDER**

Mailing Address **P.O. BOX 167**  
**BARRISTER PLACE**

City State Zip Code  
**COLUMBIA IL 62236-0167**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CROWDER & SCOGGINS LTD**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945730

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. E. G. CROWELL, JR.**

Mailing Address **106 TUSCANY**

City State Zip Code  
**SUGAR LAND TX 77478-3350**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957933

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JACK I. CROWELL**

Mailing Address **3760 SAINT ANDREWS DR.**

City State Zip Code  
**RENO NV 89502-9612**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946408

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DWAYNE CROWLEY

Mailing Address 24260 RD. F.5

City State Zip Code  
CORTEZ CO 81321-9133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949677

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CHARLES L. CROXEN

Mailing Address 2142 E. SILVER STREET

City State Zip Code  
TUCSON AZ 85719-3424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948321

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD CRUMBACK

Mailing Address 7514 GRANADA DR.

City State Zip Code  
FORT WAYNE IN 46835-4181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948467

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

351.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LARRY A. CRUTCHER**

Mailing Address **P.O. BOX 4678**

City State Zip Code  
**ODESSA TX 79760-4678**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**A-1 CONSTRUCTION**

Occupation  
**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: **SA11.13929758**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ALBERTO CRUZ**

Mailing Address **245 MUDDY BRANCH RD.**

City State Zip Code  
**GAITHERSBURG MD 20878-3003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JCD INC.**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: **SA11.13962661**

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**ANATOLIO CRUZ, III**

Mailing Address **8701 FENWAY DRIVE**

City State Zip Code  
**BETHESDA MD 20817-2711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCRIPPS NETWORKS INTERACT-  
IVE, INC.**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**10 / 24 / 2010**

Transaction ID: **SA11.13947701**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1310.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANATOLIO CRUZ, III

Mailing Address 8701 FENWAY DRIVE

City

BETHESDA

State

MD

Zip Code

20817-2711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCRIPPS NETWORKS INTERACT-  
IVE, INC.Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947702

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

HOLLIS H. CRYER

Mailing Address P.O. BOX 1617

City

MONT BELVUE

State

TX

Zip Code

77580-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958365

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MATTHEW P. CUBBAGE, M.D.

Mailing Address 939 MAGDALENE

City

HOUSTON

State

TX

Zip Code

77024-2629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958245

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3540.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY M. CUFF

Mailing Address 530 GARFIELD STREET

City

WISC RAPIDS

State

WI

Zip Code

54494-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946455

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. REID T. CULBERSON

Mailing Address 4708 SE MIZNER PLACE

City

STUART

State

FL

Zip Code

34997-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937226

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANN CULLICA

Mailing Address 304 STALLION PL

City

BONITA

State

CA

Zip Code

91902-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961687

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LANETA CULLUM

Mailing Address 94 COUNTY ROAD 2250

City

VALLEY VIEW

State

TX

Zip Code

76272-7627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962392

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LANETA CULLUM

Mailing Address 94 COUNTY ROAD 2250

City

VALLEY VIEW

State

TX

Zip Code

76272-7627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966696

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. CULPEPPER, JR.

Mailing Address 11261 TALAMORE BLVD.

City

BENTONVILLE

State

AR

Zip Code

72712-9042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966053

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHERRY CULPEPPER

Mailing Address 4912 COUNTY RD. 15

City

UNION SPRINGS

State

AL

Zip Code

36089-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMM BAKER & TRUST

Occupation  
BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936092

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SHERRY CULPEPPER

Mailing Address 4912 COUNTY RD. 15

City

UNION SPRINGS

State

AL

Zip Code

36089-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMM BAKER & TRUST

Occupation  
BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945120

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY CULPEPPER

Mailing Address 9831 SAGEWELL DR

City

HOUSTON

State

TX

Zip Code

77089-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YOH

Occupation  
I. & E. DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964134

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM H. CULPEPPER, JR.**

Mailing Address **708 NOTTINGHAM CT**

City State Zip Code  
**CARMEL IN 46032-9676**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SR PRO CORP**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940845

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DOUGLAS CULVER**

Mailing Address **4550 BREEZING LN.**

City State Zip Code  
**OXFORD NC 27565-9430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**480.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963213

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DOUGLAS CULVER**

Mailing Address **4550 BREEZING LN.**

City State Zip Code  
**OXFORD NC 27565-9430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**480.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972955

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**160.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT CUMINALE

Mailing Address 912 INGRAHAM PL

City

CHARLOTTE

State

NC

Zip Code

28270-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROBERTS TELLECOMMUNIACATI-  
ONS INC

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945694

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT CUMINALE

Mailing Address 912 INGRAHAM PL

City

CHARLOTTE

State

NC

Zip Code

28270-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROBERTS TELLECOMMUNIACATI-  
ONS INC

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972767

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANNIE CUMMINGS

Mailing Address 15196 STILLFIELD PL

City

CENTREVILLE

State

VA

Zip Code

20120-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BMW OF STERLING

Occupation

FINANCE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945388

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRAD CUMMINGS

Mailing Address 34111 DESERT ROAD

City

ACTON

State

CA

Zip Code

93510-1481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953639

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE M. CUMMINGS

Mailing Address 1290 KATHRYN LN

City

LAKE FOREST

State

IL

Zip Code

60045-4316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952751

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

VIRIGNA CUMMINS

Mailing Address 174 W ATLANTIC BLVD.

City

OCEAN CITY

State

NJ

Zip Code

08226-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941273

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

755.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. CUMMINGS

Mailing Address 2522 GRIFFITH PARK BLVD

City

LOS ANGELES

State

CA

Zip Code

90039-2518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCGARRY & LAUFENBERG

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941109

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KEVIN F. CUNNEEN

Mailing Address 1590 ASCOT TERR

City

FLORISSANT

State

MO

Zip Code

63033-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972187

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN H. CUNNINGHAM, JR.

Mailing Address 15 TRANQUILITY RD

City

MONETA

State

VA

Zip Code

24121-5373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BELLA LUNA ASSET MGT, LLC

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936926

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE M. CUNYUS**

Mailing Address **P.O. BOX 185**

City State Zip Code  
**KILGORE TX 75663-0185**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**510.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963704**

Amount of Each Receipt this Period

**510.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN A. CURETON**

Mailing Address **3 FENDERSON HL. N.**

City State Zip Code  
**WILTON ME 04294-5721**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13945931**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. GAIL M. CURLE**

Mailing Address **412 12TH AVENUE NE**

City State Zip Code  
**MINOT ND 58703-1541**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931603**

Amount of Each Receipt this Period

**60.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**670.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. DONNA G. CURRAN**

Mailing Address **2233 AUSTIN BOTTOM RD.**

City State Zip Code  
**BAXTER TN 38544-6870**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**11 / 08 / 2010**

Transaction ID: SA11.13966849

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. HAROLD F. CURRY**

Mailing Address **6680 PONTIAC LAKE RD.**

City State Zip Code  
**WATERFORD MI 48327-1757**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956706

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN A. CURTIS**

Mailing Address **17 CRYSTAL ST.**

City State Zip Code  
**MELROSE MA 02176-2705**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951344

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**635.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHERINE CURTIS

Mailing Address 25333 AVENIDA RONADA

City

VALENCIA

State

CA

Zip Code

91355-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964720

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

COL ROBERT R. CURTIS

Mailing Address 2237 SW PLYMOUTH ST

City

PORT SAINT LUCIE

State

FL

Zip Code

34953-2380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931732

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. CUSICK

Mailing Address 436 FOSTER RD

City

LEEDS

State

AL

Zip Code

35094-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINEARL PRODUCTS & TECHNO-  
LOGY

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936875

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BYRON K. CUSTER, JR.

Mailing Address 852 VIEWMONT AVE.

City

JOHNSTOWN

State

PA

Zip Code

15905-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968191

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STANLEY E. CUTRER

Mailing Address 15026 NW OAKMONT LOOP

City

BEAVERTON

State

OR

Zip Code

97006-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961830

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL CYMBALA

Mailing Address 400 E HOWRY AVE APT 158

City

DELAND

State

FL

Zip Code

32724-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952188

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL CYMBALA

Mailing Address 400 E HOWRY AVE APT 158

City

DELAND

State

FL

Zip Code

32724-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952780

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RENA A. CYPHERT

Mailing Address 473 KIWANIS AVE

City

MORGANTOWN

State

WV

Zip Code

26505-2257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934124

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARTIN R. CZACHOR, SR.

Mailing Address 1671 E BOOT RD

City

WEST CHESTER

State

PA

Zip Code

19380-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940938

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARTIN R. CZACHOR, SR.

Mailing Address 1671 E BOOT RD

City

WEST CHESTER

State

PA

Zip Code

19380-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950334

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE R. CZEISZPERGER

Mailing Address 125 BELLEVIEW ST

City

MOUNT CLEMENS

State

MI

Zip Code

48043-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIABETIC CARE NETWORKOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928091

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JUDITH CZUBA

Mailing Address 29 COVE SIDE LN

City

STONINGTON

State

CT

Zip Code

06378-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932450

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUDITH CZUBA

Mailing Address 29 COVE SIDE LN

City

STONINGTON

State

CT

Zip Code

06378-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13958909

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS A. D'AURIA

Mailing Address 174 RUTLEDGE AVE

City

HAWTHORNE

State

NY

Zip Code

10532-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION METHODS INC.Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934632

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS A. D'AURIA

Mailing Address 174 RUTLEDGE AVE

City

HAWTHORNE

State

NY

Zip Code

10532-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION METHODS INC.Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13966530

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

435.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 477 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JEAN R. DABBS

Mailing Address 5911 SOUTHERN HILLS DR.

City

HOUSTON

State

TX

Zip Code

77069-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941152

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DELPHINE H. DAFT

Mailing Address 465 STRATTON ROAD

City

WILLIAMSTOWN

State

MA

Zip Code

01267-2985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945238

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARILYN B. DAHL

Mailing Address 96 LAKE ST.

City

OSHKOSH

State

WI

Zip Code

54901-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928962

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ALICE DAHLGREN

Mailing Address 4901 WISTERIA DR

City

OKLAHOMA CITY

State

OK

Zip Code

73142-1845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962707

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAT L. DAHLSTEDT

Mailing Address 13048 FARM TO MARKET RD

City

MOUNT VERNON

State

WA

Zip Code

98273-8705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938516

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TERRY L. DAHMER

Mailing Address 12007 ROUTE 166

City

MARION

State

IL

Zip Code

62959-7264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955784

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**THOMAS A. DAILEY**

Mailing Address **4550 MCCREADY CT.**

City State Zip Code  
**FAIRFIELD CA 94534-1370**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931908

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. SALLY M. DALE**

Mailing Address **1250 WESTVIEW CIR SE**

City State Zip Code  
**NORTH CANTON OH 44720-4375**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE M. K. MORSE COMPANY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**PROJECT MANAGER**

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13959371

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. R. J. DALLEY**

Mailing Address **1700 KNUDSEN AVE**

City State Zip Code  
**FARMINGTON NM 87401-2432**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THRIFTWAY MARKETING COMPA-  
NY, CORP.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**VICE PRESIDENT OF OPERATIONS**

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931899

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DORIS S. DALLUEGE

Mailing Address 4225 SARATOGA AVE APT. 108B

City

DOWNERS GROVE

State

IL

Zip Code

60515-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943626

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DORIS S. DALLUEGE

Mailing Address 4225 SARATOGA AVE APT. 108B

City

DOWNERS GROVE

State

IL

Zip Code

60515-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972960

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES M. DALRYMPLE

Mailing Address 2445 HEMLOCK ROAD

City

EDEN

State

NY

Zip Code

14057-9663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931419

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN J. DALTON

Mailing Address 762 W LAKESIDE DR

City

PALATINE

State

IL

Zip Code

60067-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935330

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL T. DALTON

Mailing Address 1617 VIRGINIA ST.

City

LATROBE

State

PA

Zip Code

15650-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLEGHENY EVERGYOccupation  
QUANTITATIVE ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959826

Amount of Each Receipt this Period

199.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JUSTIN DALY

Mailing Address 603 14TH ST, NE

City

WASHINGTON

State

DC

Zip Code

20002-5413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGILVY GOVERNMENT RELATIO-  
NSOccupation  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938792

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1299.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CHESTER DALZELL**

Mailing Address **10 WEBNER PLACE**

City State Zip Code  
**PALM COAST FL 32164-7727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**236.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949091

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MARK DALZELL**

Mailing Address **328 S. WESTGATE AVENUE**

City State Zip Code  
**LOS ANGELES CA 90049-4208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAPITAL GROUP OF COMPANIES, INC**

Occupation  
**INVESTMENT MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3000.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13943010

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**THOMAS DALZELL**

Mailing Address **4729 E ARCADIA LN**

City State Zip Code  
**PHOENIX AZ 85018-2851**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936044

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**526.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP G. DAMASK

Mailing Address 19680 EXPLORER DRIVE

City

PENN VALLEY

State

CA

Zip Code

95946-9432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952415

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY I. DAMIANO

Mailing Address 420 TIMBER CREST LN.

City

ROSWELL

State

GA

Zip Code

30075-1362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946079

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CLEMA M. DAMIAN

Mailing Address 39 EASTON DR.

City

PITTSBURGH

State

PA

Zip Code

15238-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933301

Amount of Each Receipt this Period

121.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

381.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CLEMA M. DAMIAN

Mailing Address 39 EASTON DR.

City

PITTSBURGH

State

PA

Zip Code

15238-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956326

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SARAH L. DAMSON

Mailing Address 1 MYERS LANE

City

MOBILE

State

AL

Zip Code

36608-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LONG'S PERSONNEL SERVICES,  
INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961375

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NORMA T. DANA

Mailing Address 550 PARK AVE  
16C

City

NEW YORK

State

NY

Zip Code

10065-7369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944530

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 485 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THEODORE N. DANFORTH

Mailing Address P.O. BOX 508

City

LOCUST VALLEY

State

NY

Zip Code

11560-0508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957705

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. AUDREY L. DANIEL

Mailing Address 2825 BLOOMFIELD RD.

City

CPE GIRARDEAU

State

MO

Zip Code

63703-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948536

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS B. DANIEL

Mailing Address 1379 JURDY RD

City

SAINT PAUL

State

MN

Zip Code

55121-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13962423

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

581.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. HAROLD T. DANIEL

Mailing Address 4829 WYNDHURST RD

City

LEXINGTON

State

KY

Zip Code

40515-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ORAL SURGEON

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930399

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KAREN ANN DANIEL

Mailing Address 1280 KUHN ROAD

City

CAROL STREAM

State

IL

Zip Code

60188-9225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAINBOW ACADEMY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SMALL BUSINESS OWNER

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951679

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COL. RICHARD A. DANIELS

Mailing Address 4315 S 263RD ST

City

KENT

State

WA

Zip Code

98032-7605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940255

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SCOTT L. DANIELSON

Mailing Address 340 PEPPER AVE

City

BURLINGAME

State

CA

Zip Code

94010-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PB AMERICAS

Occupation

ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946724

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOTT L. DANIELSON

Mailing Address 340 PEPPER AVE

City

BURLINGAME

State

CA

Zip Code

94010-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PB AMERICAS

Occupation

ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964454

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA DANIELSON

Mailing Address 7257 MAMOUTH STREET

City

ENGLEWOOD

State

FL

Zip Code

34224-9622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931344

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN DANKO

Mailing Address 2901 9TH. ST. NW

City

CANTON

State

OH

Zip Code

44708-4370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941145

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL DANN, III

Mailing Address 3206 GREENS AVE.

City

ORLANDO

State

FL

Zip Code

32804-3717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928058

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH J. DANZER

Mailing Address 4926 SE ROBIN RD

City

PORTLAND

State

OR

Zip Code

97267-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918654

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 489 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGES DAOU

Mailing Address 18632 VIA CATANIA

City

RANCHO SANTA FE

State

CA

Zip Code

92091-0292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945613

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TODD DAPKUS

Mailing Address 2962 ESTUARY PL

City

MAUMEE

State

OH

Zip Code

43537-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947798

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER J. DAPUZZO

Mailing Address 18 PILOT ROCK LANE

City

RIVERSIDE

State

CT

Zip Code

06878-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959372

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 490 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARGARET DARBY-HOEGGER

Mailing Address 10988 ARGYLL CIR

City

LAKEWOOD

State

NJ

Zip Code

08701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972061

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. DARRACQ

Mailing Address 1955 LINWOOD ST

City

SAN DIEGO

State

CA

Zip Code

92110-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940927

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH C. DARUTY

Mailing Address 1427 ELIZABETH CREST

City

REDLANDS

State

CA

Zip Code

92373-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931810

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 491 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS DASHNAW

Mailing Address 116 NORTHSHORE DR.

City

CHERRYVILLE

State

NC

Zip Code

28021-8314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIRWAY

Occupation

INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954390

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEANNE DASSEL

Mailing Address 1267 STARDUST CIRCLE

City

CASTLE ROCK

State

CO

Zip Code

80104-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957899

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELON J. DAUGHERTY

Mailing Address 3012 FERRAND LANE

City

EL DORADO

State

AR

Zip Code

71730-4284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TDC,LLC

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944410

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STEPHEN F. DAUGHERTY

Mailing Address 647 DUNLOP LN  
# 100

City State Zip Code  
CLARKSVILLE TN 37040-5165

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928863

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LUCILLE DAVELLI

Mailing Address 736 BAYHILL COURT

City State Zip Code  
MARION OH 43302-8006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938689

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR DAVENPORT

Mailing Address 7238 BIG CREEK PARKWAY

City State Zip Code  
CLEVELAND OH 44130-4815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938075

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 493 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. ARTHUR DAVENPORT

Mailing Address 7238 BIG CREEK PARKWAY

City	State	Zip Code
CLEVELAND	OH	44130-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958738

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. JANE R. DAVENPORT

Mailing Address 1 MUSCOGEE WAY NW

City	State	Zip Code
ATLANTA	GA	30305-3580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940940

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. GERALD A. DAVID

Mailing Address 3 ORCHARD ST

City	State	Zip Code
MORRIS PLAINS	NJ	07950-3228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959641

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 494 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. DAVIDSON

Mailing Address 1095 HWY 161 N

City

CLOVER

State

SC

Zip Code

29710-8413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954824

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATSY R. DAVIDSON

Mailing Address 9370 SE 70TH AVE

City

PORTLAND

State

OR

Zip Code

97222-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937009

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATSY R. DAVIDSON

Mailing Address 9370 SE 70TH AVE

City

PORTLAND

State

OR

Zip Code

97222-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946337

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATSY R. DAVIDSON

Mailing Address 9370 SE 70TH AVE

City

PORTLAND

State

OR

Zip Code

97222-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947327

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PETER DAVIDSON

Mailing Address 7721 LEE AVE

City

ALEXANDRIA

State

VA

Zip Code

22308-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VERIZON

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959326

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD DAVIES

Mailing Address 10353 FLORALITA AVE

City

SUNLAND

State

CA

Zip Code

91040-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953152

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1055.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 496 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALAN B. DAVIS

Mailing Address P.O. BOX 2121

City

TUBAC

State

AZ

Zip Code

85646-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930245

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANTOINETTE ELIZABETH DAVIS

Mailing Address 1004 W A AVE

City

N LITTLE ROCK

State

AR

Zip Code

72116-9186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955255

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANTOINETTE ELIZABETH DAVIS

Mailing Address 1004 W A AVE

City

N LITTLE ROCK

State

AR

Zip Code

72116-9186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	0

Transaction ID: SA11.13969881

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

226.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 497 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BETTY J. DAVIS

Mailing Address 9505 AUGUSTA AVENUE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-5820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVEATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954544

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CATHERINE DAVIS

Mailing Address 2272 PINE GROVE RD

City

FAYETTEVILLE

State

PA

Zip Code

17222-8201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937368

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES L. DAVIS, JR.

Mailing Address 62 BERRY FARM ROAD

City

STAUNTON

State

VA

Zip Code

24401-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934490

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 498 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DIANE SHIRLEY DAVIS

Mailing Address 19715 CRISTIWOOD COURT

City  
SPRINGState  
TXZip Code  
77379-2832FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955972

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWIN D. DAVIS

Mailing Address P.O. BOX 869

City

DAYTONA BEACH

State

FL

Zip Code  
32115-0869FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13963184

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD H. DAVIS

Mailing Address 1933 CAMELEY CIRCLE

City

SANDY

State

UT

Zip Code  
84093-1400FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954566

Amount of Each Receipt this Period

10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5060.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 499 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. EILEEN DAVIS

Mailing Address 501 E OLD SHAKOPEE RD., APT. 1

City

MINNEAPOLIS

State

MN

Zip Code

55420-4972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934239

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GARY DAVIS

Mailing Address 25341 S 676 RD.

City

GROVE

State

OK

Zip Code

74344-6217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940352

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HOMER B. DAVIS

Mailing Address 1117 KING OF PRUSSIA RD

City

WAYNE

State

PA

Zip Code

19087-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROZER CHESTER MEDICAL  
CENTEROccupation  
OPHTHALMOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959064

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

176.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. HOWARD T. DAVIS

Mailing Address 401 ASBURY RD.

City State Zip Code  
CANDLER NC 28715-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942227

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. JANET S. DAVIS

Mailing Address 1121 GLEN VIEW DR.

City State Zip Code  
FULLERTON CA 92835-4032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957095

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JEANNEMARIE DAVIS

Mailing Address  
2213 ARYNESS DR.

City State Zip Code  
VIENNA VA 22181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOVERNOR OF VIRGINIA

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11A.13977524

Amount of Each Receipt this Period

1230.63

IN-KIND CONTRIBUTION

IN-KIND: CATERING

**SUBTOTAL** of Receipts This Page (optional) .....

1300.63

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JEFFREY W. DAVIS**

Mailing Address **4923 EAST 49**

City State Zip Code  
**TULSA OK 74135-7002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNITED STATES BEEF**

Occupation  
**RESTURANTEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 29 / 2010**

**Transaction ID: SA11.13959409**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN C. DAVIS**

Mailing Address **700 JOHN RINGLING BLVD.  
T-912**

City State Zip Code  
**SARASOTA FL 34236-1542**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**775.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13935691**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN C. DAVIS**

Mailing Address **700 JOHN RINGLING BLVD.  
T-912**

City State Zip Code  
**SARASOTA FL 34236-1542**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**775.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956797**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 502 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. JOHN S. DAVIS

Mailing Address 1725 ROOSEVELT AVENUE

City	State	Zip Code
ALTADENA	CA	91001-3618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOS ANGELES COUNTY JUVENILE  
COURT HEALOccupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940703

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
KEITH A. DAVIS

Mailing Address 2555 KINGSTON RD SUITE 180

City	State	Zip Code
YORK	PA	17402-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950365

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. KEN D. DAVIS

Mailing Address 839 PINE HTS

City	State	Zip Code
RAMONA	CA	92065-7622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAE SYSTEMS RETIREDOccupation  
SYSTEMS ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945308

Amount of Each Receipt this Period

39.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

239.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 503 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. LEANN DAVIS

Mailing Address 602 W 4TH ST.

City	State	Zip Code
DELAVER	IL	61734-9689

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938527

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. RANDALL E. DAVIS

Mailing Address 211 WOODLAND TERRACE

City	State	Zip Code
ALEXANDRIA	VA	22302-2914

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
STUNTZ DAVIS & STAFFIER,  
P.C.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13942463

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
ROBERT DAVIS

Mailing Address 1611 CHATHAMS FORD PL

City	State	Zip Code
VIENNA	VA	22182-4417

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959836

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

4200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ROBERT DAVIS**

Mailing Address **1611 CHATHAMS FORD PL**

City State Zip Code  
**VIENNA VA 22182-4417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961417

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. DAVIS**

Mailing Address **136 E 55TH ST APT 7A**

City State Zip Code  
**NEW YORK NY 10022-4519**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**630.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972129

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. SUNEE H. DAVIS**

Mailing Address **1700 LAUREL GLEN CT**

City State Zip Code  
**LOVELAND OH 45140-7936**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13942013

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**270.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 505 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WANDA DAVIS

Mailing Address 1410 NE 201

City

ANDREWS

State

TX

Zip Code

79714-9128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959126

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. DAVIS

Mailing Address 21 WINDING WAY

City

VERONA

State

PA

Zip Code

15147-3888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969294

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARRY DAVLANTES

Mailing Address 2048 W PRATT BLVD.

City

CHICAGO

State

IL

Zip Code

60645-4981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946755

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HUGH DAWSON

Mailing Address P.O. BOX 635

City

LLANO

State

TX

Zip Code

78643-0635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947835

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN T. DAWSON, JR.

Mailing Address 6 SHOREHAVEN ROAD

City

EAST NORWALK

State

CT

Zip Code

06855-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAWSON HERMAN CAPITAL MAN-  
AGEMENT

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951114

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LAURIE ANN DAY

Mailing Address 2109 N PARK RD.

City

HOLLYWOOD

State

FL

Zip Code

33021-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945413

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. DAY

Mailing Address P.O. BOX 710970

City

SANTEE

State

CA

Zip Code

92072-0970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ADVERTISING SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13955643

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. DAYTON

Mailing Address 373 LANGLAND DR

City

VINTON

State

VA

Zip Code

24179-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935049

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. DAYTON

Mailing Address 373 LANGLAND DR

City

VINTON

State

VA

Zip Code

24179-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954966

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RODERICK A. DE ARMENT

Mailing Address 420 RIVER BEND ROAD

City

GREAT FALLS

State

VA

Zip Code

22066-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COVINGTON & BURLING

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957924

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. DE BONO

Mailing Address 2170 VALLEJO ST #301

City

SAN FRANCISCO

State

CA

Zip Code

94123-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13938433

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES DE GUNZBURG

Mailing Address 12TH AVENUE & 46TH ST.  
ONE INTERPID SQUARE

City

NEW YORK

State

NY

Zip Code

10036-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTREPID SEA, AIR & SPACE  
MUSEUM

Occupation  
CO-CHAIRMAN, BOARD OF TRUSTEES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966052

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALAN J. DE LAURO

Mailing Address 299 SYLVAN ST

City

RUTHERFORD

State

NJ

Zip Code

07070-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954259

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN J. DE LAURO

Mailing Address 299 SYLVAN ST

City

RUTHERFORD

State

NJ

Zip Code

07070-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954519

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANTONIO J. DE LEON

Mailing Address 1360 W. 26TH PL. UNIT C406

City

HIALEAH

State

FL

Zip Code

33010-1282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956787

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. EVA C. DE MARTINI

Mailing Address 1816 ADELAIDE COURT

City

EAST MEADOW

State

NY

Zip Code

11554-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939648

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EVA C. DE MARTINI

Mailing Address 1816 ADELAIDE COURT

City

EAST MEADOW

State

NY

Zip Code

11554-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946732

Amount of Each Receipt this Period

16.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN A. DE MILIA

Mailing Address 166 DICKINSON LN

City

MAHWAH

State

NJ

Zip Code

07430-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946645

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

136.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. MIKE DE PENNING**

Mailing Address **906 E 14TH. ST. S**

City State Zip Code  
**NEWTON IA 50208-5016**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**455.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: SA11.13969222

Amount of Each Receipt this Period

**55.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ANTHONY F. DE SIMONE**

Mailing Address **273 MILLBROOK DR**

City State Zip Code  
**E LONGMEADOW MA 01028-2677**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE BROKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941813

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID A. DEAN**

Mailing Address **312 E. VICTORIA STREET**

City State Zip Code  
**SANTA BARBARA CA 93101-1223**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**L M CALDWELL**

Occupation  
**PHARMACIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941252

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**305.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. DEAN

Mailing Address 312 E. VICTORIA STREET

City

SANTA BARBARA

State

CA

Zip Code

93101-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L M CALDWELL

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941435

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LUTHER DEARBORN, JR.

Mailing Address P.O. BOX 1892

City

RCHO SANTA FE

State

CA

Zip Code

92067-1892

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941714

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL FLORES DEEVER

Mailing Address P.O. BOX 117

City

RAYMOND

State

CA

Zip Code

93653-0117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLORISTONE

Occupation

HUMAN RESOURCES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957488

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

202.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 513 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DR. JULIUS DEBROECK

Mailing Address 15207 BEACHAM

City	State	Zip Code
HOUSTON	TX	77070-1403

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13959351

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DR. JOHN DEBUS

Mailing Address 10455 N CENTRAL EXPY

City	State	Zip Code
DALLAS	TX	75231-2213

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955939

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. GEORGIA M. DECAMP

Mailing Address 1630 43RD AVE. E, APT. 1002

City	State	Zip Code
SEATTLE	WA	98112-6221

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13962400

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID T. DECKER**

Mailing Address **118 SPRUCE ST**

City State Zip Code  
**PORT READING NJ 07064-1012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**361.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13943899**

Amount of Each Receipt this Period

**51.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN DECORREVONT**

Mailing Address **1306 SWAINWOOD DRIVE**

City State Zip Code  
**GLENVIEW IL 60025-2842**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**7600.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13945625**

Amount of Each Receipt this Period

**7600.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ARLENE DEECH**

Mailing Address **90 WALNUT DRIVE**

City State Zip Code  
**ROSLYN NY 11576-2333**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931665**

Amount of Each Receipt this Period

**110.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**7761.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MAX DEFOREST

Mailing Address 2130 E BRIAR ST

City

SPRINGFIELD

State

MO

Zip Code

65804-7524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929070

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GLENN R. DEIBERT

Mailing Address 1101 E WARNER RD

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959019

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE DEIS, JR.

Mailing Address P.O. BOX 175

City

FRANKFORT

State

NY

Zip Code

13340-0175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REMINGTON ARMS

Occupation  
FURNACE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937334

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS S. DEIWERT

Mailing Address 100 RILEY RD

City

DELPHI

State

IN

Zip Code

46923-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929090

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LOUISE M. DEL TRECCO

Mailing Address 41 ORCHARDHILL RD #1

City

JAMAICA PLAIN

State

MA

Zip Code

02130-3724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932532

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD W. DELANEY

Mailing Address 63 GIBSON ST.

City

CANANDAIGUA

State

NY

Zip Code

14424-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	1	0

Transaction ID: SA11.13968169

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

131.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LAWRENCE J. DELANEY**

Mailing Address **1 ATASCADERO**

City State Zip Code  
**IRVINE CA 92602-1092**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941732

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. JUNE DELAY**

Mailing Address **39 TOWER HILL RD APT 4B**

City State Zip Code  
**OSTERVILLE MA 02655-1646**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955161

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. JOSEPH R. DELEO**

Mailing Address **9 PARK VIEW RD**

City State Zip Code  
**CRANBURY NJ 08512-2732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation

**VETERINARIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**226.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941581

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**212.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. DELIZZA

Mailing Address 729 WHITMAN DRIVE

City

TURNERSVILLE

State

NJ

Zip Code

08012-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENNONI ASSOCIATES

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957947

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JAMIE L. DELORENZO

Mailing Address 2555 OBSERVATORY AVE

City

CINCINNATI

State

OH

Zip Code

45208-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREGORY J. DELORENZO, IN.C

Occupation  
NURSE/RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966565

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN Z. DELP

Mailing Address 43 HOLBROOK LN.

City

WILLINGBORO

State

NJ

Zip Code

08046-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971597

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALEX DELPIZZO

Mailing Address 819 7TH ST. NW  
SUITE 501

City State Zip Code  
WASHINGTON DC 20001-3865

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WINNING STRATEGIES WASHIN-  
GTON

Occupation  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959400

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOAN D. DELVECCHIO

Mailing Address 25 BRINSMAYD AVE

City State Zip Code  
STRATFORD CT 06614-1362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965347

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS W. DEMAAGD

Mailing Address 3555 BURLINGAME AVE SW

City State Zip Code  
WYOMING MI 49509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BURLINGAME DAIRY DIP

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931866

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. JAMES DEMARE

Mailing Address 25 N. MOORE ST.  
#4B

City State Zip Code  
NEW YORK NY 10013-2461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BANK OF AMERICA

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951057

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT DEMARS

Mailing Address 80585 VIA TALAVERA

City State Zip Code  
LA QUINTA CA 92253-9008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932254

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN B. DEMERS

Mailing Address 1719 E. BIJOU STREET  
APARTMENT 910

City State Zip Code  
COLORADO SPRINGS CO 80909-5752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

AIR FORCE RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972105

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 521 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN B. DEMERS

Mailing Address 1719 E. BIJOU STREET  
APARTMENT 910

City State Zip Code  
COLORADO SPRINGS CO 80909-5752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
AIR FORCE RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972151

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL T. DEMET

Mailing Address 107 EDGEMERE DR

City State Zip Code  
FAIRFEILD GLADE TN 38558-2873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934757

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PEGGY A. DEMITRACK

Mailing Address 17804 LAKE ROAD

City State Zip Code  
LAKEWOOD OH 44107-1017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CLEVELAND INSTITUTE OF MU-  
SIC

Occupation  
PIANO TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958225

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

152.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HELEN F. DENNIS

Mailing Address P.O. BOX 893

City

STAFFORD

State

VA

Zip Code

22555-0893

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13947241

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA A. DENNY

Mailing Address 7403 MULBERRY RD.

City

HANOVER

State

MD

Zip Code

21076-1590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939340

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NIXON EDWARD DENTON

Mailing Address 1709 LANTANA DR.

City

MINDEN

State

NV

Zip Code

89423-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938561

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

170.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT KELSEY DENTON

Mailing Address 2212 WROXTON RD

City

HOUSTON

State

TX

Zip Code

77005-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHEVRON

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13952925

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH DEPEW

Mailing Address RR 2 BOX 514A

City

BEAVER

State

OK

Zip Code

73932-9616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13947748

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL DEROSA

Mailing Address 3 RADNOR CORP CENTER  
SUITE 410

City

RADNOR

State

PA

Zip Code

19087-4546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELEMANT PARTNERS

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13955987

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. CARL R. DESANTIS, SR.

Mailing Address P.O. BOX 1239

City State Zip Code  
BOLTON LNDG NY 12814-1239

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932662

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOSEPH R. DESIMONE

Mailing Address 5609 SW MANNING STREET

City State Zip Code  
SEATTLE WA 98116-3149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962419

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT W. DESLONGCHAMPS

Mailing Address 4512 WAKEFIELD CHAPEL ROAD

City State Zip Code  
ANNANDALE VA 22003-4529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US GOVERNMENT

Occupation  
CIVIL SERVANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941795

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 525 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. AMELIA T. DESZYCK

Mailing Address P.O. BOX 31

City

BETHANIA

State

NC

Zip Code

27010-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936881

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANNA H. DETTERMAN

Mailing Address 4320 JOHN SILVER RD.

City

VIRGINIA BCH

State

VA

Zip Code

23455-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940144

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED J. DETTWYLER

Mailing Address 12113 HOBART RD NE

City

SILVERTON

State

OR

Zip Code

97381-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955022

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WAYNE DEVEREUX

Mailing Address 517 GUNSMOKE TRL

City

LUSBY

State

MD

Zip Code

20657-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938576

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MELBA A. DEW

Mailing Address PO BOX 616

City

TARBORO

State

NC

Zip Code

27886-0616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FORBES INSURANCE AGENCY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951315

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT DEWEESE

Mailing Address 550 EDGEWOOD DR.

City

EUPORA

State

MS

Zip Code

39744-9418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEWEESE TITLE LOAN LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUS OWNER

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935568

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DON DEWHURST

Mailing Address 3425 SEACREST DR.

City

CARLSBAD

State

CA

Zip Code

92008-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEWHURST & ASSOCIATES

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934108

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARLEN J. DEWIT

Mailing Address 3055 HICKORY AVENUE

City

HULL

State

IA

Zip Code

51239-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VANHUY, INC.

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933735

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARLEN J. DEWIT

Mailing Address 3055 HICKORY AVENUE

City

HULL

State

IA

Zip Code

51239-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VANHUY, INC.

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935321

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARLEN J. DEWIT

Mailing Address 3055 HICKORY AVENUE

City  
HULL

State  
IA

Zip Code  
51239-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VANHY, INC.

Occupation  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944465

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL G. DEWITT

Mailing Address 19355 CYPRESS RIDGE TERRACE UN

City  
LEESBURG

State  
VA

Zip Code  
20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INDEPENDENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941891

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANET S. DEY

Mailing Address 29968 MARQUETTE ST

City  
GARDEN CITY

State  
MI

Zip Code  
48135-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944991

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JANET S. DEY**

Mailing Address **29968 MARQUETTE ST**

City State Zip Code  
**GARDEN CITY MI 48135-2654**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960583

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. GLORIA DEYOUNG**

Mailing Address **20376 PAUL PL NE**

City State Zip Code  
**KINGSTON WA 98346-9115**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963757

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**OWEN E. DHONAU**

Mailing Address **3634 WINDSOR ST.**

City State Zip Code  
**IRVING TX 75062-7424**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**207.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956079

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**105.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. GEORGE DI PLACIDI

Mailing Address 1530 PALISADE AVE APT 6S

City

FORT LEE

State

NJ

Zip Code

07024-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936965

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GEORGE DI PLACIDI

Mailing Address 1530 PALISADE AVE APT 6S

City

FORT LEE

State

NJ

Zip Code

07024-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965506

Amount of Each Receipt this Period

301.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CLAIRE DIAMOND

Mailing Address 3850 WASHINGTON ST APT 902

City

HOLLYWOOD

State

FL

Zip Code

33021-7356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938591

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

711.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LLOYD DIBB

Mailing Address 3309 ROUTE 66

City

NEW BETHLEHEM

State

PA

Zip Code

16242-4743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956018

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JEAN E. DIBBLE

Mailing Address 65 EDMOND DR

City

NORTH KINGSTOWN

State

RI

Zip Code

02852-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
LOAFER NO.1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941706

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEAN E. DIBBLE

Mailing Address 65 EDMOND DR

City

NORTH KINGSTOWN

State

RI

Zip Code

02852-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
LOAFER NO.1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960080

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

153.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LENA M. DICE

Mailing Address 1033 FAIRVIEW AVE

City

CANON CITY

State

CO

Zip Code

81212-2853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941691

Amount of Each Receipt this Period

6.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LENA M. DICE

Mailing Address 1033 FAIRVIEW AVE

City

CANON CITY

State

CO

Zip Code

81212-2853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949222

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LENA M. DICE

Mailing Address 1033 FAIRVIEW AVE

City

CANON CITY

State

CO

Zip Code

81212-2853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952084

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

36.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID W. DICK

Mailing Address P.O. BOX 1856

City

EL PASO

State

TX

Zip Code

79950-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INSURANCE

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942853

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. DICK

Mailing Address 9420 CEDAR LAKE AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73114-7809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951623

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. DICKEY

Mailing Address 32 DRAKE LN

City

SCARBOROUGH

State

ME

Zip Code

04074-7414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962917

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. EVELYN N. DICKERSON

Mailing Address 113 WILD ROSE LN

City

ROCHESTER

State

IL

Zip Code

62563-9224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933753

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JIMMY D. DICKETTS

Mailing Address 9391 CALIFORNIA AVE  
SPC 34

City

RIVERSIDE

State

CA

Zip Code

92503-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACE SMOG

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931812

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KARIN DICKERSON

Mailing Address 805 KINGD PASSAGE DR.2B

City

RICHMOND

State

VA

Zip Code

23238-6085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940801

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED E. DICKSON

Mailing Address 5044 CAHUENGA BLVD APT 9

City

NORTH HOLLYWOOD

State

CA

Zip Code

91601-4749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937805

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MAE DIDLAK

Mailing Address 635 VIA SANTA CRUZ

City

VISTA

State

CA

Zip Code

92081-6336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941713

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EVERARD D. DIEDRICK

Mailing Address 19864 TATTNALL WAY

City

BROOKSVILLE

State

FL

Zip Code

34601-6476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956265

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

241.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANTOINETTE DIEMER

Mailing Address 10919 MAIDEN DR.

City

BOWIE

State

MD

Zip Code

20720-3599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936153

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE R. DIERCKS

Mailing Address 6705 PINE ST

City

VESPER

State

WI

Zip Code

54489-9444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969886

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN SAMUEL DIEU

Mailing Address 185 COTTONWOOD LN.

City

WICKENBURG

State

AZ

Zip Code

85390-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933439

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. VALENTINO F. DIGIORGIO, III**

Mailing Address **328 HIDDEN FARM DRIVE**

City State Zip Code  
**EXTON PA 19341-1185**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STRADLEY RONON**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13957951**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**JONATHAN DILL**

Mailing Address **10591 GLEN LAKES DR**

City State Zip Code  
**BONITA SPRINGS FL 34135-7237**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 16 / 2010**

**Transaction ID: SA11.13928689**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. PHYLLIS P. DILL**

Mailing Address **P.O. BOX 451**

City State Zip Code  
**DAYTON TN 37321-0451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONTINENTAL CAR CLUB**

Occupation  
**OFFICE MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**580.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13964801**

Amount of Each Receipt this Period

**210.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1210.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 538 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KARIN D. DILLARD

Mailing Address 3033 CHATTAHOOCHEE TRCE

City

GAINESVILLE

State

GA

Zip Code

30506-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931671

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK DILLARD

Mailing Address 5 HENRY

City

IRVINE

State

CA

Zip Code

92620-3257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEINY AND COMPANY, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SENIOR PROJECT MANAGER

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951558

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLAM J. DILLER, JR.

Mailing Address 59 HERON DR

City

AVALON

State

NJ

Zip Code

08202-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941915

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 539 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID R. DILLINGER

Mailing Address 181 HUNTINGTON ROAD NE

City

THOMSON

State

GA

Zip Code

30824-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932806

Amount of Each Receipt this Period

81.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER DIMITRIEF

Mailing Address 223 BAYBERRY LANE

City

WESTPORT

State

CT

Zip Code

06880-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GE

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932259

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. TAMARA DIMITRI

Mailing Address 21314 LASSEN STREET

City

CHATSWORTH

State

CA

Zip Code

91311-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTA TAU DATA SYSTEMS,  
INC.

Occupation  
VICE PRESIDENT OF FINANCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931533

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2081.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. STEVEN A. DINGELDEIN

Mailing Address 3103 ABINGDON PL.

City

BURLINGTON

State

NC

Zip Code

27215-4689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951619

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City

CAPE CORAL

State

FL

Zip Code

33904-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932491

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City

CAPE CORAL

State

FL

Zip Code

33904-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936968

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

410.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City

CAPE CORAL

State

FL

Zip Code

33904-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937718

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City

CAPE CORAL

State

FL

Zip Code

33904-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951013

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City

CAPE CORAL

State

FL

Zip Code

33904-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956553

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 542 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City

CAPE CORAL

State

FL

Zip Code

33904-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956997

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERIC DISARRO

Mailing Address 8 CLOVER LN

City

LOUDONVILLE

State

NY

Zip Code

12211-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951507

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. DISSETDE

Mailing Address 7317 LAKERIDGE RD

City

SOUTH HAVEN

State

MI

Zip Code

49090-9505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936173

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

121.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOANNE A. DISSINGER

Mailing Address 231 MAPLE AVE

City

QUARRYVILLE

State

PA

Zip Code

17566-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936709

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD E. DITTMER

Mailing Address 650 BERCUT DRIVE

City

SACRAMENTO

State

CA

Zip Code

95811-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELLHEAD ELECTRIC COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928668

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD E. DITTMER

Mailing Address 650 BERCUT DRIVE

City

SACRAMENTO

State

CA

Zip Code

95811-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELLHEAD ELECTRIC COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928669

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10021.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JIMMY DIXON, JR.

Mailing Address 144 GOLFCLUB DR

City

ELIZABETH CTY

State

NC

Zip Code

27909-3254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY BEVERAGE CO, INC.

Occupation

WHOLESALE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965313

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH C. DIXON

Mailing Address 195 NORTHEAST AVE

City

TALLMADGE

State

OH

Zip Code

44278-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TALLMADGE COLLISION

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930124

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARGIE W. DIXON

Mailing Address 10724 E TIMBERWAGON CIR.

City

SPRING

State

TX

Zip Code

77380-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENGINEER/TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945926

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OLIN L. DIXON

Mailing Address 3346 CHANTARENE DR

City

PENSACOLA

State

FL

Zip Code

32507-3549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943372

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA DIXON

Mailing Address 7747 GRACKLE CT

City

ALEXANDRIA

State

VA

Zip Code

22306-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NSRMCAOccupation  
EXEC ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949301

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA DIXON

Mailing Address 7747 GRACKLE CT

City

ALEXANDRIA

State

VA

Zip Code

22306-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NSRMCAOccupation  
EXEC ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13966553

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. DIXON**

Mailing Address **5210 OVERRIDGE DR.**

City State Zip Code  
**ARLINGTON TX 76017-1244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**306.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: **SA11.13939042**

Amount of Each Receipt this Period

**26.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. NORMAN DOBSON**

Mailing Address **109 LOWELL STREET**

City State Zip Code  
**PEABODY MA 01960-4257**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**206.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: **SA11.13964879**

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. NORMAN DOBSON**

Mailing Address **109 LOWELL STREET**

City State Zip Code  
**PEABODY MA 01960-4257**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**206.00**

Date of Receipt

**11 / 09 / 2010**

Transaction ID: **SA11.13967539**

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**111.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 547 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**THOMAS DOBSON**

Mailing Address **2121 COUNTRYMAN LANE**

City State Zip Code  
**LA CANADA FLINTRID CA 91011-1325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959968

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**ROBERT DODD**

Mailing Address **36W250 BURNING OAK RD.**

City State Zip Code  
**DUNDEE IL 60118-9268**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936238

Amount of Each Receipt this Period

**70.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**ROBERT DODD**

Mailing Address **36W250 BURNING OAK RD.**

City State Zip Code  
**DUNDEE IL 60118-9268**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13964654

Amount of Each Receipt this Period

**70.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**190.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SUZANNE DODD

Mailing Address 171 GEORGIA DR.

City

LEESVILLE

State

SC

Zip Code

29070-7160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931126

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUZANNE DODD

Mailing Address 171 GEORGIA DR.

City

LEESVILLE

State

SC

Zip Code

29070-7160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937324

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. DODDS

Mailing Address 33019 SUNRISE DR.

City

MAGNOLIA

State

TX

Zip Code

77354-2629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964783

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS DODGE

Mailing Address P.O. BOX 267

City

COULTERVILLE

State

CA

Zip Code

95311-0267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952789

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER B. DODGE

Mailing Address 30 CAMPFIELD ROAD

City

MANCHESTER

State

CT

Zip Code

06040-4940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944477

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGER B. DODGE

Mailing Address 30 CAMPFIELD ROAD

City

MANCHESTER

State

CT

Zip Code

06040-4940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953270

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. DODSON

Mailing Address 104 SKI CT

City

HAVELOCK

State

NC

Zip Code

28532-9388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950279

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN L. DOERMAN

Mailing Address 3737 SAN CARLOS DR.

City

ST JAMES CITY

State

FL

Zip Code

33956-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961445

Amount of Each Receipt this Period

6.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM DOERRER

Mailing Address 1905 WILMONT AVE

City

PANAMA CITY

State

FL

Zip Code

32405-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932995

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

77.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 551 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. JOYCE B. DOHENY

Mailing Address 4383 ROYAL PL

City	State	Zip Code
HONOLULU	HI	96816-4855

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963681

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. EDWARD D. DOHERTY

Mailing Address 4039 HERSCHEL AVENUE

City	State	Zip Code
DALLAS	TX	75219-2931

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940677

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. JAMES A. DOIG

Mailing Address 808 NE 102ND AVE.

City	State	Zip Code
PORTLAND	OR	97220-4007

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13951897

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES F. DOLAN

Mailing Address 119 COVE NECK RD

City

OYSTER BAY

State

NY

Zip Code

11771-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CABLE VISIONS CORPORATION

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969758

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

V DOLAN

Mailing Address 1796 E 200 S

City

RUSHVILLE

State

IN

Zip Code

46173-7765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944639

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

V DOLAN

Mailing Address 1796 E 200 S

City

RUSHVILLE

State

IN

Zip Code

46173-7765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952403

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

351.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

V DOLAN

Mailing Address 1796 E 200 S

City

RUSHVILLE

State

IN

Zip Code

46173-7765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952628

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM DOLAN

Mailing Address 410 BANK ST

City

PAINESVILLE

State

OH

Zip Code

44077-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970062

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD D. DOLSON

Mailing Address 505 N. HUTCHESON STREET

City

HOUSTON

State

TX

Zip Code

77003-1343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUIATARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ENGINEER

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944597

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 554 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN DOMMERT

Mailing Address 13218 WINDY OAKS ST.

City

BEACH CITY

State

TX

Zip Code

77523-9262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNC-LAVALIN

Occupation

INSTRUMENT DESIGNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929236

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW DOMSIC

Mailing Address 17020 16 MILE RD

City

MARSHALL

State

MI

Zip Code

49068-9494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOD CIVILIAN

Occupation

BUSINESS ANALYST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953335

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROMA I. DONAIS

Mailing Address 23 PARK ST

City

EASTHAMPTON

State

MA

Zip Code

01027-2153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946285

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 555 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. ROMA I. DONAIS**

Mailing Address **23 PARK ST**

City State Zip Code  
**EASTHAMPTON MA 01027-2153**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13962021

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**WILLIAM DONALDSON**

Mailing Address **54 LEDGE RD**

City State Zip Code  
**GLOUCESTER MA 01930-4273**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHEAST HEALTH SYSTEM**

Occupation  
**LAWYER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933614

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DAVID E. DONNELL**

Mailing Address **1731 CARRIGAN LN.**

City State Zip Code  
**UKIAH CA 95482-3309**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951514

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**235.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

JOE DONOVAN

Mailing Address 816 MILWAUKEE AVE

City

WAUKESHA

State

WI

Zip Code

53188-3044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 MOTORCYCLING ENTERPRISES  
 S.R.

Occupation

MOTORCYCLE SAFTEY INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957041

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RUTH DORAN

Mailing Address 672 E DESERT PARK LN

City

COTTONWOOD

State

AZ

Zip Code

86326-4982

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955143

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANNE DORIS

Mailing Address 90 ALLEN RD  
 APT 26

City

S BURLINGTON

State

VT

Zip Code

05403-7918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943576

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ANNE DORIS

Mailing Address 90 ALLEN RD  
APT 26City State Zip Code  
S BURLINGTON VT 05403-7918FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956692

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DAVID E. DORMAN

Mailing Address 8 SHADYWOOD LANE

City State Zip Code  
MELISSA TX 75454-2121FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965645

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN D. DORSETT

Mailing Address 2565 MAIN ST

City State Zip Code  
LAWRENCE TWP NJ 08648-1657FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O.T. CONSULTING SERVICESOccupation  
MGMT CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928703

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

635.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 558 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERIC DORWART

Mailing Address 124 EAST FOURTH STREET

City

TULSA

State

OK

Zip Code

74103-5027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13951119

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. STOKELY B. DOSTER

Mailing Address 312 FAIRY TRL

City

LOOKOUT MOUNTAIN

State

TN

Zip Code

37350-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951526

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. E R. DOTSON

Mailing Address 627 PINE HILL WAY

City

SANDERSVILLE

State

GA

Zip Code

31082-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13947093

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BETTY J. DOUGHTY

Mailing Address 1 W BERWIN WAY

City State Zip Code  
MOUNT LAUREL NJ 08054-3014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937321

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. LINDA DOUGLAS

Mailing Address 11810 GREY BIRCH PLACE

City State Zip Code  
RESTON VA 20191-4223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962542

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. PRISCILLA DOUGLAS

Mailing Address 301 CLUSTER ST

City State Zip Code  
FOLEY AL 36535-2341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933668

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD G. DOVEY, III

Mailing Address 145 CRESCENT ST

City

ELKHART

State

IN

Zip Code

46516-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMCAST

Occupation

CABLE SYSTEM TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931859

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA D. DOWLING

Mailing Address 300 PIERREMONT RD UNIT 28

City

SHREVEPORT

State

LA

Zip Code

71106-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949625

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHERINE S. DOWNES

Mailing Address 106 LAURISTON ST.

City

PROVIDENCE

State

RI

Zip Code

02906-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13977507

Amount of Each Receipt this Period

-60.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RICHARD DOWNEY

Mailing Address 3314 WEDDE ROAD

City

BARNHART

State

MO

Zip Code

63012-1862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936023

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANCES E. DOWNS

Mailing Address 878 HIGHWAY 442

City

SHAW

State

MS

Zip Code

38773-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945332

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RAISSA H. DOWNS

Mailing Address 1212 NEW YORK AVENUE, NW  
SUITE 1050

City

WASHINGTON

State

DC

Zip Code

20005-6135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TARPLIN, DOWNS, & YOUNG  
LLC

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942506

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

712.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. DOWNS, SR.**

Mailing Address **1412 REPUBLIC PL**

City State Zip Code  
**MELBOURNE FL 32940-6739**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944408

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. HARRY DOZIER**

Mailing Address **3238 NE BRYCE STREET**

City State Zip Code  
**PORTLAND OR 97212-1723**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRAKE SYSTEMS INC**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931759

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GARY DRAGO**

Mailing Address **353 HALSTEAD AVE.  
# 127**

City State Zip Code  
**HARRISON NY 10528-3727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PMC CONSULTING CO.**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928816

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALTER H. DRAKEFORD

Mailing Address 601 JEFFERSON DAVIS HWY.

City

FREDERICKSBURG

State

VA

Zip Code

22401-4436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRAKEFORD & DRAKEFORD

Occupation

FORENSIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936716

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER H. DRAKEFORD

Mailing Address 601 JEFFERSON DAVIS HWY.

City

FREDERICKSBURG

State

VA

Zip Code

22401-4436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRAKEFORD & DRAKEFORD

Occupation

FORENSIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937020

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID R. DRAPER

Mailing Address 9132 COVINGTON RIDGE CT

City

MECHANICSVILLE

State

VA

Zip Code

23116-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960749

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GALEN E. DREIBELBIS

Mailing Address 100 W NORTH HILLS PL.

City

STATE COLLEGE

State

PA

Zip Code

16803-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962494

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER IRVING DREIKORN

Mailing Address 1109 WILLSHIRE DR.

City

MUSKEGON

State

MI

Zip Code

49445-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957440

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY D. DREISILKER

Mailing Address 148 LONGFELLOW DR.

City

WHEATON

State

IL

Zip Code

60189-7410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941517

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

476.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY D. DREISILKER

Mailing Address 148 LONGFELLOW DR.

City

WHEATON

State

IL

Zip Code

60189-7410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959610

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. RAE DREITH

Mailing Address P.O. BOX 4032

City

EAGLE

State

CO

Zip Code

81631-4032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947852

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK E. DRENNAN

Mailing Address 302 TUSCANY CT

City

RIDGELAND

State

MS

Zip Code

39157-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946569

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CECIL DRINKWARD

Mailing Address 01920 SW GREENWOOD DRIVE

City

PORTLAND

State

OR

Zip Code

97219-8366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOFFMAN CONSTRUCTION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957916

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SALLY DRINKWARD

Mailing Address 01920 SW GREENWOOD RD.

City

PORTLAND

State

OR

Zip Code

97219-8366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947669

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. DRIPPS

Mailing Address 1404 32ND. ST.

City

LAUREL

State

MS

Zip Code

39440-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963528

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

4100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. DRIPPS

Mailing Address 1404 32ND. ST.

City

LAUREL

State

MS

Zip Code

39440-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966585

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY ELLEN DRISCOLL

Mailing Address P.O. BOX F

City

WELLMAN

State

IA

Zip Code

52356-0475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PICTURE FRAMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918795

Amount of Each Receipt this Period

15.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY ELLEN DRISCOLL

Mailing Address P.O. BOX F

City

WELLMAN

State

IA

Zip Code

52356-0475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PICTURE FRAMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934620

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. MARY ELLEN DRISCOLL

Mailing Address P.O. BOX F

City State Zip Code  
WELLMAN IA 52356-0475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PICTURE FRAMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935965

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. MARY ELLEN DRISCOLL

Mailing Address P.O. BOX F

City State Zip Code  
WELLMAN IA 52356-0475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PICTURE FRAMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950347

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. MICHAEL J. DRISCOLL

Mailing Address 4552 FABLE RD. CT. N

City State Zip Code  
HUGO MN 55038-3315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944457

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

226.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 569 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS L. DRISCOLL

Mailing Address 4815 CANNONBURG ROAD NE

City

BELMONT

State

MI

Zip Code

49306-9614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929055

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID DRUCKREY

Mailing Address 600 W MADISON ST

City

SPRING GREEN

State

WI

Zip Code

53588-9264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYEDOccupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932117

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GERARD J. DSOUZA

Mailing Address 1610 HUNTERS GLEN CT.

City

WHEATON

State

IL

Zip Code

60189-7464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943380

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HONG DU

Mailing Address 21180 CANYON VIEW DR

City

SARATOGA

State

CA

Zip Code

95070-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955911

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET O. DU PONT

Mailing Address 415 CAMINO REAL AVE

City

EL PASO

State

TX

Zip Code

79922-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13965006

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN DUARTE

Mailing Address  
6706 DUSTY LANE

City

MODESTO

State

CA

Zip Code

95357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUARTE GEORGETOWN VINEYAR-  
DS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11A.13977529

Amount of Each Receipt this Period

1080.00

IN-KIND CONTRIBUTION

IN-KIND: BEVERAGE

**SUBTOTAL** of Receipts This Page (optional) .....

1390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELLEN G. DUBIAK

Mailing Address 7300 20TH ST LOT 443

City

VERO BEACH

State

FL

Zip Code

32966-8811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947865

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GAIL DUBOIS

Mailing Address 268 S MAPLE DR

City

BEVERLY HILLS

State

CA

Zip Code

90212-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TELEFLORA, INC. LLC

Occupation  
ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931608

Amount of Each Receipt this Period

235.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LANITA J. DUCKWORTH

Mailing Address 5062 SCR 99

City

BAY SPRINGS

State

MS

Zip Code

39422-9246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971605

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 572 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD DUDDING

Mailing Address 103 CATTLE TRAIL WAY

City

GEORGETOWN

State

TX

Zip Code

78633-4562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11.13968222

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STERLING M. DUDLEY

Mailing Address 4830 GLADE CHAPEL RD

City

HILLSBORO

State

MO

Zip Code

63050-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13932795

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD B. DUFFEY

Mailing Address 725 MEMORIAL PKWY NW

City

HUNTSVILLE

State

AL

Zip Code

35801-5829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALABAMA BUSINESS FORMS INCOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946681

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

411.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL DUFFEY

Mailing Address 601 PENNSYLVANIA AVE NW

City

WASHINGTON

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSCI

Occupation

GOVERNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962851

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JUDITH C. DUFFIE

Mailing Address 13224 CHESTNUT OAK DRIVE

City

GAITHERSBURG

State

MD

Zip Code

20878-3553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948890

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM DUFFY

Mailing Address 5890 38TH AVE N APT 101A

City

SAINT PETERSBURG

State

FL

Zip Code

33710-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934733

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM DUFFY

Mailing Address 5890 38TH AVE N APT 101A

City

SAINT PETERSBURG

State

FL

Zip Code

33710-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943604

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM DUFFY

Mailing Address 5890 38TH AVE N APT 101A

City

SAINT PETERSBURG

State

FL

Zip Code

33710-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954820

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM DUFFY

Mailing Address 5890 38TH AVE N APT 101A

City

SAINT PETERSBURG

State

FL

Zip Code

33710-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971243

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. COLLEEN R. DUKE

Mailing Address 2008 COUNTY ROAD 137

City

SNYDER

State

TX

Zip Code

79549-8748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955116

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK J. DUMMANN

Mailing Address 1661 1ST AVE

City

GRAFTON

State

WI

Zip Code

53024-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EARTH TECH

Occupation

CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942529

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DEASON DUNAGAN

Mailing Address 303 WILLIAMS AVE SW  
SUITE 1421

City

HUNTSVILLE

State

AL

Zip Code

35801-6008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960167

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1085.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 576 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. DUNATHAN

Mailing Address 142 OLD VINE WAY

City

NAPA

State

CA

Zip Code

94558-7029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13972096

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BRIAN G. DUNCAN

Mailing Address 117 E KINGSMILL AVE

City

PAMPA

State

TX

Zip Code

79065-6549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934634

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

J DUNCAN

Mailing Address P.O. BOX 523

City

LOXLEY

State

AL

Zip Code

36551-0523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957046

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JEANEANE B. DUNCAN

Mailing Address 306 SHADYWOOD RD

City

HOUSTON

State

TX

Zip Code

77057-1315

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13972100

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN DUNCAN

Mailing Address 3131 TENNYSON ST. NW

City

WASHINGTON

State

DC

Zip Code

20015-2359

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MERIDIAN RESEARCH GROUPOccupation  
POLICY ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13959394

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN DUNCAN

Mailing Address 3131 TENNYSON ST. NW

City

WASHINGTON

State

DC

Zip Code

20015-2359

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MERIDIAN RESEARCH GROUPOccupation  
POLICY ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13966559

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

525.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PEYTON E. DUNCAN

Mailing Address 8209 LORTON RD

City

LORTON

State

VA

Zip Code

22079-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957671

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. DUNCAN

Mailing Address 6664 DELICIOUS CT

City

RIVERDALE

State

GA

Zip Code

30274-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944225

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS LELON DUNCAN

Mailing Address 119 LEWALD DR

City

HOUMA

State

LA

Zip Code

70360-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMAS L DUNCAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PETROLEUM INDUSTRY

Aggregate Year-to-Date ▼

541.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966269

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOEL G. DUNCKLEE

Mailing Address 22 WESTMINSTER DR.

City

MARLBOROUGH

State

MA

Zip Code

01752-3679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959749

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ELLIS M. DUNKUM

Mailing Address 9800 ST. JULIANS LANE

City

RICHMOND

State

VA

Zip Code

23238-5910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934169

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BERNARD J. DUNLEVY, SR.

Mailing Address 672 MESHACH LANE

City

HEATHSVILLE

State

VA

Zip Code

22473-4719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIVELY DRUGOccupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932270

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MIKE M. DUNN

Mailing Address P.O. BOX 1427

City

HILLTOP LAKES

State

TX

Zip Code

77871-1427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MELT SOLUTIONS LLC

Occupation

BUSINESS OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933059

Amount of Each Receipt this Period

351.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THOMAS DUNN

Mailing Address 26 NORTH STREET

City

GREENWICH

State

CT

Zip Code

06830-4726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRAVATH, SWAINE & MOORE

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928697

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA S. DUNN

Mailing Address 2341 ONE IRON DRIVE

City

YORK

State

SC

Zip Code

29745-7753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972050

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1001.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. EDITH A. DUNNE

Mailing Address 484 CEDAR ST.

City State Zip Code  
WINNETKA IL 60093-2659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941455

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JOHN A. DUPPS

Mailing Address 4968 TIMBERLINE DR.

City State Zip Code  
MIDDLETOWN OH 45042-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE DUPPS CO.

Occupation

EXEC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966522

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. KIM R. DUPREY

Mailing Address 5200 S SUNDOWNER AVE

City State Zip Code  
SIOUX FALLS SD 57106-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLMES MURPHY

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960627

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

221.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**SALLY A. DURANT**

Mailing Address **2855 VILLAGE DR**

City State Zip Code  
**ZANESVILLE OH 43701-0902**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13932105

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD J. DURAVA**

Mailing Address **611 W NOYES ST**

City State Zip Code  
**ARLINGTON HTS IL 60005-3643**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**252.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941518

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. LEON DURBIN**

Mailing Address **526 ADAMS ST**

City State Zip Code  
**SAN ANTONIO TX 78210-1268**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HABITAT FOR HUMANITY**

Occupation  
**PART-TIME HOUSE LEAD**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**266.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930555

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**186.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. DURRANT

Mailing Address 4418 BEDFORD DRIVE

City

PROVO

State

UT

Zip Code

84604-5361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934698

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DEAN R. DUSKIN

Mailing Address 5437 GREENWOOD DR

City

CLEVELAND

State

TX

Zip Code

77328-9409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918646

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNIS E. DUVALL

Mailing Address 11183 KADOTA AVE APT B

City

POMONA

State

CA

Zip Code

91766-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954057

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 584 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JEANNETTE DYER

Mailing Address 13464 RONNIE WAY

City

SARATOGA

State

CA

Zip Code

95070-5166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939917

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY S. DYSART

Mailing Address 217 SAINT MATTHEWS AVE

City

LOUISVILLE

State

KY

Zip Code

40207-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
REALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940878

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NANCY S. DYSART

Mailing Address 217 SAINT MATTHEWS AVE

City

LOUISVILLE

State

KY

Zip Code

40207-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
REALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940937

Amount of Each Receipt this Period

10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY S. DYSART

Mailing Address 217 SAINT MATTHEWS AVE

City

LOUISVILLE

State

KY

Zip Code

40207-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950364

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY S. DYSART

Mailing Address 217 SAINT MATTHEWS AVE

City

LOUISVILLE

State

KY

Zip Code

40207-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965659

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH J. EADS

Mailing Address 2413 STANMORE DR

City

HOUSTON

State

TX

Zip Code

77019-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938459

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROOSEVELT EADY

Mailing Address 1436 BEL AIR DRIVE

City

SAVANNAH

State

GA

Zip Code

31415-7804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942567

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. EAGLESON

Mailing Address 138 17TH AVENUE S.

City

NAPLES

State

FL

Zip Code

34102-7403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957376

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PRESTON N. EAMES

Mailing Address 65 TUCKER MOUNTAIN RD.

City

MEREDITH

State

NH

Zip Code

03253-4824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929520

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. PRESTON N. EAMES**

Mailing Address **65 TUCKER MOUNTAIN RD.**

City State Zip Code  
**MEREDITH NH 03253-4824**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13965240

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PRESTON N. EAMES**

Mailing Address **65 TUCKER MOUNTAIN RD.**

City State Zip Code  
**MEREDITH NH 03253-4824**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13965241

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**KRISTEN EASTLICK**

Mailing Address **1708 WEST ABINGDON DRIVE**

City State Zip Code  
**ALEXANDRIA VA 22314-1026**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BERMAN AND COMPANY**

Occupation  
**CHIEF ADMINISTRATIVE OFFICER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928513

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. EASTMAN

Mailing Address 720 MAPLE ST

City

BURKBURNETT

State

TX

Zip Code

76354-2760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932535

Amount of Each Receipt this Period

251.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RANDALL D. EASTWOOD

Mailing Address 15612 L ST

City

OMAHA

State

NE

Zip Code

68135-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBS HOME MORTGAGEOccupation  
MORTGAGE LOAN OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951577

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BERTHA A. EATON

Mailing Address P.O. BOX 158

City

SUTTON

State

MA

Zip Code

01590-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RETAIL STORE OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934119

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

351.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAROLD E. EATON

Mailing Address 4718 GUNBARREL PL

City

GRAND ISLAND

State

NE

Zip Code

68801-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948496

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GLENNA J. EATON

Mailing Address 2613 BILLINGS RD.

City

HEPHZIBAH

State

GA

Zip Code

30815-6510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943856

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. GLENNA J. EATON

Mailing Address 2613 BILLINGS RD.

City

HEPHZIBAH

State

GA

Zip Code

30815-6510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954555

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

152.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HAROLD K. EATON

Mailing Address 1755 MILLHOUSE RUN

City

MARIETTA

State

GA

Zip Code

30066-8009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964656

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. EATWELL

Mailing Address 14198 N 91ST AVE W

City

MINGO

State

IA

Zip Code

50168-8563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960786

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KATHLEEN M. EBBERT

Mailing Address 506 NOB HILL DR

City

PERKASIE

State

PA

Zip Code

18944-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935257

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ARTHUR EBERLY

Mailing Address 202 CHAMBERLAIN CT

City

GREENVILLE

State

SC

Zip Code

29605-3161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAROLINA CARDIOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957682

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALICE EBLE

Mailing Address P.O. BOX 273

City

ANGOLA

State

IN

Zip Code

46703-0273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933349

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GEORGE EBY

Mailing Address 2965 JOHNSTONVILLE RD SPC 90

City

SUSANVILLE

State

CA

Zip Code

96130-4747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937472

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

221.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. MYRNA ECHOLS**

Mailing Address **6361 WATERDRAGON AVE**

City State Zip Code  
**LAS VEGAS NV 89110-2883**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933534

Amount of Each Receipt this Period

**90.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. FREDERICK A. ECK**

Mailing Address **215 WEST MADISON AVENUE**

City State Zip Code  
**WHEATON IL 60187-4120**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE RANDOLPH GROUP, INC.**

Occupation

**PRIVATE EQUITY INVESTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**11 / 05 / 2010**

Transaction ID: SA11.13966048

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MICHELLE MURRAY ECKERT**

Mailing Address **13160 SUNSET POINT**

City State Zip Code  
**NEW BUFFALO MI 49117-8809**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940895

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5210.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JAMES ECKFORD

Mailing Address 122 SUMMER BAY DR

City State Zip Code  
RIDGELAND MS 39157-9209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962198

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. PHYLLIS N. EDDINS

Mailing Address 5307 ALVIE ST.

City State Zip Code  
NORTH CHARLESTON SC 29418-5801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942017

Amount of Each Receipt this Period

45.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. EDWARD L. EDEN

Mailing Address P.O. BOX 20194

City State Zip Code  
COLORADO CITY CO 81019-2194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966257

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

170.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CHRISTINE EDERA

Mailing Address 5507 LODGE CREEK DR

City

HOUSTON

State

TX

Zip Code

77066-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREATER HOUSTON ANESTHESI-  
OLOGY

Occupation

ANESTHETIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948924

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LOIS STILES EDGERLY

Mailing Address 32 HIGHLAND ST.

City

CAMBRIDGE

State

MA

Zip Code

02138-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957695

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA EDGEWORTH

Mailing Address 3703 E CHAUDION CT

City

BLOOMINGTON

State

IN

Zip Code

47401-4465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968216

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
HELEN EDGINGTON

Mailing Address P.O. BOX 26

City State Zip Code  
CHAUTAUQUA NY 14722-0026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
HOTEL OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954229

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JERALDINE F. EDISON

Mailing Address 9843 E 84TH ST

City State Zip Code  
TULSA OK 74133-4507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943477

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
ROBERTA J. EDLER

Mailing Address P.O. BOX 21

City State Zip Code  
CEDARVILLE IL 61013-0021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955275

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM D. EDMAN**

Mailing Address **83 PROMENADE ST. N**

City State Zip Code  
**MONTGOMERY TX 77356-8300**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1800.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13950165**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. CHARLOTTE EDMUNDS**

Mailing Address **13090 SOUTHAMPTON DR**

City State Zip Code  
**BONITA SPGS FL 34135-3405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**241.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13946743**

Amount of Each Receipt this Period

**101.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ERNEST EDMUNDSON**

Mailing Address **4814 WALMSLEY AVE**

City State Zip Code  
**NEW ORLEANS LA 70125-3526**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 15 / 2010**

**Transaction ID: SA11.13967961**

Amount of Each Receipt this Period

**125.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**726.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOAN M. EDSON

Mailing Address P.O. BOX 145

City

HUDSONVILLE

State

MI

Zip Code

49426-0145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947759

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH B. EDWARDS

Mailing Address 3751 RICE BLVD

City

HOUSTON

State

TX

Zip Code

77005-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946465

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELMO E. EDWARDS

Mailing Address 1101 MALLARD DR

City

DEL CITY

State

OK

Zip Code

73115-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945981

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ELMO E. EDWARDS**

Mailing Address **1101 MALLARD DR**

City State Zip Code  
**DEL CITY OK 73115-2340**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**406.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13953599

Amount of Each Receipt this Period

**31.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH L. EDWARDS**

Mailing Address **2201 ROCKWELL RD.**

City State Zip Code  
**RIVERSIDE CA 92506-5525**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13953365

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH L. EDWARDS**

Mailing Address **2201 ROCKWELL RD.**

City State Zip Code  
**RIVERSIDE CA 92506-5525**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954351

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**331.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH L. EDWARDS

Mailing Address 2201 ROCKWELL RD.

City

RIVERSIDE

State

CA

Zip Code

92506-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960548

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MAGGIE A. EDWARDS

Mailing Address 1620 VILLAGE CT

City

EVANSVILLE

State

IN

Zip Code

47725-8933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950496

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. REX EDWARDS

Mailing Address 404 S SPRUCE ST

City

CLARKSVILLE

State

TX

Zip Code

75426-3590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928842

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

615.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. EDWARDS

Mailing Address 249 MARION DRIVE

City

MOUNT AIRY

State

NC

Zip Code

27030-8659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918825

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. EDWARDS

Mailing Address 249 MARION DRIVE

City

MOUNT AIRY

State

NC

Zip Code

27030-8659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935095

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. EDWARDS

Mailing Address 249 MARION DRIVE

City

MOUNT AIRY

State

NC

Zip Code

27030-8659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943104

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. EGBERT

Mailing Address 1660 RUTHERFORD RIDGE RD.

City

OGDEN

State

UT

Zip Code

84403-4400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945679

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. EGBERT

Mailing Address 1660 RUTHERFORD RIDGE RD.

City

OGDEN

State

UT

Zip Code

84403-4400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946833

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN M. EGLE

Mailing Address 112 E PECK BLVD.

City

LAFAYETTE

State

LA

Zip Code

70508-7472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUB CITY INDUSTRIES LLC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944325

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

251.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT JACK EGLY

Mailing Address 2681 CAMERON PARK DR. SPC 90

City

CAMERON PARK

State

CA

Zip Code

95682-8840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FREDERICKSON TRUCK LINES

Occupation

HEAVY TRUCK MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959813

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLAM A. EHLERS

Mailing Address P.O. BOX 3003

City

OLYMPIA

State

WA

Zip Code

98509-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955111

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARL EICHENBERGER

Mailing Address P.O. BOX 579

City

SALEM

State

MO

Zip Code

65560-0579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOWN & COUNTRY BANK

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958223

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1090.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. EICHHORST

Mailing Address 5228 CREIGHTON DR

City

SAINT LOUIS

State

MO

Zip Code

63123-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEADERSHIP NETWORK

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935645

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DORIS C. EICHORN

Mailing Address 7006 HOLYROOD DR.

City

MC LEAN

State

VA

Zip Code

22101-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953598

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. EIDSON

Mailing Address 1801 JACK FROST ROAD

City

VIRGINIA BEACH

State

VA

Zip Code

23455-2508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934166

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

376.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALBERT EIKMEIER

Mailing Address 1930 OCONNELL AVE

City

SAINT LOUIS

State

MO

Zip Code

63114-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930259

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN EISENBERG

Mailing Address 1201 MARYLANE AVE., SW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20024-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOTECHNOLOGY INDUSTRY OR-  
GANIZATION

Occupation  
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959389

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ALAIN ELBAZ

Mailing Address 5412 PINE STREET

City

BELLAIRE

State

TX

Zip Code

77401-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958240

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2676.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ROBERT L. ELDER**

Mailing Address **310 W 8TH ST**

City State Zip Code  
**LEADVILLE CO 80461-3532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939937

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. STEPHEN J. ELDER**

Mailing Address **58 CHAPMAN LOOP**

City State Zip Code  
**STEILACOOM WA 98388-1731**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TACOMA ANESTHESIA ASSOCIAT-ES**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941759

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MARGARET ELDRED**

Mailing Address **4186 17 MILE RD. NE**

City State Zip Code  
**CEDAR SPRINGS MI 49319-9451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**227.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937061

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**215.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 606 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

ARNE H. ELIASSON

Mailing Address 3152 GRACEFIELD RD. APT. 219

City

SILVER SPRING

State

MD

Zip Code

20904-5899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949200

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NANCY ELKAN

Mailing Address 3731 SHADE TREE TERRACE

City

PORTAGE

State

MI

Zip Code

49024-1036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13943003

Amount of Each Receipt this Period

199.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS D. ELLARD

Mailing Address 3525 LYNNGATE CIR

City

BIRMINGHAM

State

AL

Zip Code

35216-5239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963445

Amount of Each Receipt this Period

21.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

470.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES W. ELLENDER

Mailing Address 6901 HWY. 27 S

City

SULPHUR

State

LA

Zip Code

70665-7753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943577

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICKY ELLINGSON

Mailing Address 2740 W OLIVE AVE SPC 103

City

FRESNO

State

CA

Zip Code

93728-2457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940986

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICKY ELLINGSON

Mailing Address 2740 W OLIVE AVE SPC 103

City

FRESNO

State

CA

Zip Code

93728-2457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944537

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ALEXANDRA ELLIOTT

Mailing Address 2975 E WESLEY AVE

City

DENVER

State

CO

Zip Code

80210-5551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931854

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID F. ELLIOTT, M.D.

Mailing Address 5050 SE 14TH PL

City

OCALA

State

FL

Zip Code

34471-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOSPICE OF MARION CO.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939068

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID F. ELLIOTT, M.D.

Mailing Address 5050 SE 14TH PL

City

OCALA

State

FL

Zip Code

34471-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOSPICE OF MARION CO.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960230

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

551.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GRANVILLE A. ELLIOTT

Mailing Address 360 MOBILE AVE SUITE 102F

City

CAMARILLO

State

CA

Zip Code

93010-6356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1402.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933340

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GRANVILLE A. ELLIOTT

Mailing Address 360 MOBILE AVE SUITE 102F

City

CAMARILLO

State

CA

Zip Code

93010-6356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1402.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935729

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GRANVILLE A. ELLIOTT

Mailing Address 360 MOBILE AVE SUITE 102F

City

CAMARILLO

State

CA

Zip Code

93010-6356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1402.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946242

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JACQUELINE ELLIOT**

Mailing Address **53 CUBA AVE**

City State Zip Code  
**STATEN ISLAND NY 10306-4907**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955630

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL B. ELLIOTT**

Mailing Address **1323 ASHLAND AVE**

City State Zip Code  
**WILMETTE IL 60091-1607**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928854

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT MARTIN ELLIOT**

Mailing Address **3138 HIGHLAND VIEW DR.**

City State Zip Code  
**BURBANK CA 91504-1613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**C&W LOUNGES, INC.**

Occupation  
**SMALL BUSINESS OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928660

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DANIEL C. ELLISON

Mailing Address 7785 N STATE ST  
SUITE 230

City State Zip Code  
LOWVILLE NY 13367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LEWIS CTY GEN HOSPITAL

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955008

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DEANNA M. ELLIS

Mailing Address 414 SHADYBROOK DR

City State Zip Code  
SPRING CREEK NV 89815-5529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931648

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNIS ELLIS

Mailing Address 5102 HOWARD LN

City State Zip Code  
NAMPA ID 83687-8659

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947639

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 612 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DENNIS ELLIS**

Mailing Address **5102 HOWARD LN**

City State Zip Code  
**NAMPA ID 83687-8659**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13957897**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DENNIS ELLIS**

Mailing Address **5102 HOWARD LN**

City State Zip Code  
**NAMPA ID 83687-8659**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 31 / 2010**

**Transaction ID: SA11.13960683**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GARY ELLISON**

Mailing Address **11767 KATY FWY  
 SUITE 1112**

City State Zip Code  
**HOUSTON TX 77079-1731**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 04 / 2010**

**Transaction ID: SA11.13965633**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**150.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOYCE ELLIS

Mailing Address 747 COUNTY ROAD 2506

City

ALTO

State

TX

Zip Code

75925-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941905

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH C. ELLISON

Mailing Address 4500 S GARNETT RD

City

TULSA

State

OK

Zip Code

74146-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959148

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS MAXINE J. ELLISON

Mailing Address 14256 JENNINGS VISTA CT.

City

LAKESIDE

State

CA

Zip Code

92040-5834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969269

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT P. ELLIS

Mailing Address 3728 AMHERST AVE

City

LORAIN

State

OH

Zip Code

44052-5363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WICKENS HERZER & PANZA CO.  
LPA

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 1 0

Transaction ID: SA11.13967834

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROSE ELLISON

Mailing Address 2665 NW VAN PELT BLVD. APT. 17

City

ROSEBURG

State

OR

Zip Code

97471-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953881

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROSE ELLISON

Mailing Address 2665 NW VAN PELT BLVD. APT. 17

City

ROSEBURG

State

OR

Zip Code

97471-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969286

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 615 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHIRLEY ELLIS

Mailing Address 2209 FOREST CIR

City

NORMAN

State

OK

Zip Code

73069-6420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947785

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARVIN ELMORE

Mailing Address 4018 E. 1000TH AVENUE

City

WHEELER

State

IL

Zip Code

62479-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13967666

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN T. ELSE

Mailing Address 266 CRESTWOOD AVE

City

YONKERS

State

NY

Zip Code

10707-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931894

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN R. EMERSON

Mailing Address 5536 MONTEMALAGA DR

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952644

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LESTER W. EMERY

Mailing Address P.O. BOX 313

City

MISSION

State

SD

Zip Code

57555-0313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973197

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANE L. EMISON

Mailing Address 3340 HILL LN.

City

WAYZATA

State

MN

Zip Code

55391-2602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935919

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

121.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARGARET E. EMMONS

Mailing Address 17 LAUREN LN.

City

BRICK

State

NJ

Zip Code

08723-7838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943503

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARGARET E. EMMONS

Mailing Address 17 LAUREN LN.

City

BRICK

State

NJ

Zip Code

08723-7838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946618

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARGARET E. EMMONS

Mailing Address 17 LAUREN LN.

City

BRICK

State

NJ

Zip Code

08723-7838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952673

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GLEN EMRICK

Mailing Address 7998 BLACKMAN RD

City

JACKSON

State

MI

Zip Code

49201-7446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALLMARK CERAMIC LABORATO-  
RY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969750

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HELEN J. EMRICH

Mailing Address 88 MASONIC HOME RD APT R400

City

CHARLTON

State

MA

Zip Code

01507-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931627

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DERONDA ENGBRETSON

Mailing Address N78W17343 WILDWOOD DR APT 535

City

MENOMONEE FALLS

State

WI

Zip Code

53051-4169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943770

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

445.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES J. ENGELMAN

Mailing Address 961 CLARELLEN DR

City

FORT MYERS

State

FL

Zip Code

33919-6006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931177

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD ENGELMANN

Mailing Address 246 SADDLE RIVER RD

City

AIRMONT

State

NY

Zip Code

10952-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937246

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FIDELIS ENGEL, JR.

Mailing Address 755 260TH AVE

City

HAYS

State

KS

Zip Code

67601-9532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952529

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

27.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GAY ENGELBERGER

Mailing Address 109 TAUNTON HILL RD.

City

NEWTOWN

State

CT

Zip Code

06470-1794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968843

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. OTTO R. ENGER

Mailing Address 725 9TH AVE APT 2306

City

SEATTLE

State

WA

Zip Code

98104-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946495

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OTTO R. ENGER

Mailing Address 725 9TH AVE APT 2306

City

SEATTLE

State

WA

Zip Code

98104-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949180

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OTTO R. ENGER

Mailing Address 725 9TH AVE APT 2306

City

SEATTLE

State

WA

Zip Code

98104-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949340

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. R. WILLARD ENGLAND

Mailing Address 10802 N 5750 W

City

HIGHLAND

State

UT

Zip Code

84003-9035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
3M

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961412

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. ENGLE

Mailing Address 6714 GOUTHIER ROAD

City

FALLS CHURCH

State

VA

Zip Code

22042-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946630

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD R. ENGLE**

Mailing Address **6714 GOUTHIER ROAD**

City State Zip Code  
**FALLS CHURCH VA 22042-2707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**395.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13947294**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD R. ENGLE**

Mailing Address **6714 GOUTHIER ROAD**

City State Zip Code  
**FALLS CHURCH VA 22042-2707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**395.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963728**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. DOROTHY E. ENGLER**

Mailing Address **250 PANTOPS MT RD.  
APT 5236**

City State Zip Code  
**CHARLOTTESVILLE VA 22911-8703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**430.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931634**

Amount of Each Receipt this Period

**110.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**165.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROLAND E. ENGLISH

Mailing Address 11251 OAKCENTER DR

City

HOUSTON

State

TX

Zip Code

77072-1966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949776

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROY R. ENGLISH

Mailing Address 2821 LAS VEGAS TRAIL APT 69

City

FORT WORTH

State

TX

Zip Code

76116-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OIL INFO LBY OF FT WORTH

Occupation  
DATA MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945166

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROY R. ENGLISH

Mailing Address 2821 LAS VEGAS TRAIL APT 69

City

FORT WORTH

State

TX

Zip Code

76116-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OIL INFO LBY OF FT WORTH

Occupation  
DATA MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957084

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**VICKI ENGMAN**

Mailing Address **568 PINON ROAD**

City State Zip Code  
**PINON HILLS CA 92372**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**535.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928472

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH E. ENOS**

Mailing Address **730 COHANNET ST**

City State Zip Code  
**TAUNTON MA 02780-4723**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENOS METALS**

Occupation  
**SCRAP METAL DEALER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**580.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931932

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS F. ENTENMAN**

Mailing Address **1240 EAGLEVILLE ROAD**

City State Zip Code  
**FOSTORIA OH 44830-9750**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**C.L. DEEMER ROOFING AND  
 SHEET METAL CO**

Occupation  
**OWNER/OPERATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**345.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941926

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**375.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALBERT R. ERB

Mailing Address 2031 BAY BLVD

City

SEASIDE HEIGHTS

State

NJ

Zip Code

08751-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935721

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ALBERT R. ERB

Mailing Address 2031 BAY BLVD

City

SEASIDE HEIGHTS

State

NJ

Zip Code

08751-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949845

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALBERT R. ERB

Mailing Address 2031 BAY BLVD

City

SEASIDE HEIGHTS

State

NJ

Zip Code

08751-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13959707

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

95.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS ERICKSON**

Mailing Address **113 LAKELAND HILLS DR**

City State Zip Code  
**FAIRVIEW HEIGHTS IL 62208-3434**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13948170**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**FRED ERICKSON**

Mailing Address **11939 NE DAVIS ST. APT. 109**

City State Zip Code  
**PORTLAND OR 97220-2162**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**421.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13940142**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HARVEY R. ERICKSON**

Mailing Address **39974 CRANE LAKE DR.**

City State Zip Code  
**BATTLE LAKE MN 56515-9256**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13945122**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**140.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 627 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID ERMER

Mailing Address 7287 ABERDEEN RD

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATTORNEY

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11.13960674

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDDIE ERNETA

Mailing Address 152-75 JEWEL AVENUE

City

FLUSHING

State

NY

Zip Code

11367-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTA AIRLINES

Occupation  
CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954455

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALFRED R. ERNST, JR.

Mailing Address 2079 ILLINOIS AVE NE

City

ST PETERSBURG

State

FL

Zip Code

33703-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAYMOND JAMES FINANCIAL,  
INC.

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952281

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROLYN M. ERVIN

Mailing Address 4112 E FRANK PHILLIPS BLVD

City

BARTLESVILLE

State

OK

Zip Code

74006-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918648

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY ERVIN

Mailing Address 280 ERVIN LN

City

MCMINNVILLE

State

TN

Zip Code

37110-4419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928966

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM ERVIN

Mailing Address 106 NORTH CAROLINA AVENUE S.E.

City

WASHINGTON

State

DC

Zip Code

20003-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ETA

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968711

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL D. ERVIN

Mailing Address 7432 LEAPWOOD ENVILLE RD

City

ADAMSVILLE

State

TN

Zip Code

38310-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955878

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL ESANTSI

Mailing Address 7015 ARROW CREEK LANE

City

SPRING

State

TX

Zip Code

77379-2759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13958239

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LUIS A. ESCOBAR

Mailing Address 3510 NE 23 AVE

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LESCOBAR, PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959015

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2710.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LUIS A. ESCOBAR

Mailing Address 3510 NE 23 AVE

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LESCOBAR, PA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959018

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY C. ESSIG

Mailing Address 1618 S. COURTLAND AVENUE

City

KOKOMO

State

IN

Zip Code

46902-2056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933343

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES T. ESTES

Mailing Address 70 N CAROLINE ST

City

NOXAPATER

State

MS

Zip Code

39346-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930095

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**JAMES T. ESTES**

Mailing Address **70 N CAROLINE ST**

City

**NOXAPATER**

State

**MS**

Zip Code

**39346-8700**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**503.50**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13952399**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)

**JAMES T. ESTES**

Mailing Address **70 N CAROLINE ST**

City

**NOXAPATER**

State

**MS**

Zip Code

**39346-8700**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**503.50**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13954883**

Amount of Each Receipt this Period

**15.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)

**MRS. EMILY W. ETTINGER**

Mailing Address **1225 BARCLAY MANOR WAY**

City

**RALEIGH**

State

**NC**

Zip Code

**27614-7140**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 08 / 2010**

**Transaction ID: SA11.13966880**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**190.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BRENDA EUBANKS

Mailing Address 407 N AVENUE Z

City

CLIFTON

State

TX

Zip Code

76634-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959108

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GERALD L. EUBANK

Mailing Address 2929 BEECH BLUFF RD

City

JACKSON

State

TN

Zip Code

38301-9093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933066

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LARRY B. EUBANKS

Mailing Address 7162 TARA DR

City

VILLA RICA

State

GA

Zip Code

30180-3916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POWER DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948884

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

301.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAY H. EUBANK

Mailing Address 4600 GREENVILLE AVE  
STE 106

City	State	Zip Code
DALLAS	TX	75206-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
OIL & GAS EXPLORATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941072

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CARMEN EVANGELISTA

Mailing Address 618 FREMONT AVENUE

City	State	Zip Code
S. PASADENA	CA	91030-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943621

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BILLIE EVANS

Mailing Address 1717 QUEENS ROW

City	State	Zip Code
NACOGDOCHES	TX	75965-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957326

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS S. EVANS

Mailing Address P.O. BOX 451269

City

GROVE

State

OK

Zip Code

74345-1269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942955

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY L. EVANS

Mailing Address 2740 HALLMARK RD

City

LINCOLN

State

NE

Zip Code

68507-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINCOLN ELECTRIC SYSTEM

Occupation  
ADMIN SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956966

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KAREN S. EVANS

Mailing Address 218 FIREFLY LANE

City

MARTINSBURG

State

WV

Zip Code

25403-1068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1186.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943759

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARIANNE D. EVANS

Mailing Address 5050 LYDA LN

City

COLORADO SPRINGS

State

CO

Zip Code

80904-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969326

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT B. EVANS

Mailing Address 656 S EVERGREEN ST.

City

PLYMOUTH

State

MI

Zip Code

48170-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930392

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT J. EVANS

Mailing Address 206 SYCAMORE LN

City

BRYAN

State

OH

Zip Code

43506-9291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936668

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. SAMUEL K. EVANS**

Mailing Address **945 S CLOVIS AVE**  
**UNIT U**

City State Zip Code  
**FRESNO CA 93727-4530**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

**Transaction ID: SA11.13930019**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. SAMUEL W. EVANS**

Mailing Address **220 W RIDGE DR.**

City State Zip Code  
**CANTON GA 30114-6875**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NATIONAL COMMODITY SALE**

Occupation  
**FOOD BROKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

**Transaction ID: SA11.13934654**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. SAMUEL W. EVANS**

Mailing Address **220 W RIDGE DR.**

City State Zip Code  
**CANTON GA 30114-6875**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NATIONAL COMMODITY SALE**

Occupation  
**FOOD BROKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

**Transaction ID: SA11.13935300**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**141.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TERRI L. EVANS

Mailing Address 118 JEFFREY PL.

City

SMYRNA

State

GA

Zip Code

30082-3678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXECUTIVE AFFILIATES, INC

Occupation

VICE PRESIDE OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959434

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. EVANS

Mailing Address P.O. BOX 658

City

ELBERTON

State

GA

Zip Code

30635-0658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952522

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. EVANS

Mailing Address 5488 TREVINO WAY

City

BANNING

State

CA

Zip Code

92220-6445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959835

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

161.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. IRWIN R. EVENS

Mailing Address 5161 ROSEGATE LN APT A  
APT A

City State Zip Code  
INDIANAPOLIS IN 46237-8460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943289

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. IRWIN R. EVENS

Mailing Address 5161 ROSEGATE LN APT A  
APT A

City State Zip Code  
INDIANAPOLIS IN 46237-8460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945053

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. IRWIN R. EVENS

Mailing Address 5161 ROSEGATE LN APT A  
APT A

City State Zip Code  
INDIANAPOLIS IN 46237-8460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954338

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. IRWIN R. EVENS**

Mailing Address **5161 ROSEGATE LN APT A**  
**APT A**

City **INDIANAPOLIS** State **IN** Zip Code **46237-8460**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**11** / **19** / **2010**

**Transaction ID: SA11.13972077**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH A. EVERS**

Mailing Address **7559 DOWERDELL LN. W**

City **LAKEWOOD** State **WA** Zip Code **98499-8154**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**271.00**

Date of Receipt

**10** / **18** / **2010**

**Transaction ID: SA11.13936224**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH A. EVERS**

Mailing Address **7559 DOWERDELL LN. W**

City **LAKEWOOD** State **WA** Zip Code **98499-8154**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**271.00**

Date of Receipt

**10** / **22** / **2010**

**Transaction ID: SA11.13951015**

Amount of Each Receipt this Period

**15.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**60.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA M. EVERSON

Mailing Address 14970 SE BRIGHTWOOD AVE

City

PORTLAND

State

OR

Zip Code

97267-3283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINDA EVERSON

Occupation

APPLICATION SUPPORT ANALY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961086

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HUGH EWING

Mailing Address 955 HARPERSVILLE RD. APT. 3070

City

NEWPORT NEWS

State

VA

Zip Code

23601-1087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939588

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HUGH EWING

Mailing Address 955 HARPERSVILLE RD. APT. 3070

City

NEWPORT NEWS

State

VA

Zip Code

23601-1087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946487

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HUGH EWING

Mailing Address 955 HARPERSVILLE RD. APT. 3070

City

NEWPORT NEWS

State

VA

Zip Code

23601-1087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972938

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ROSE ANN EYHERABIDE

Mailing Address 18912 W. INDIAN SCHOOL ROAD

City

LITCHFIELD PARK

State

AZ

Zip Code

85340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
AGRICULTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972992

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROSE ANN EYHERABIDE

Mailing Address 18912 W. INDIAN SCHOOL ROAD

City

LITCHFIELD PARK

State

AZ

Zip Code

85340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
AGRICULTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972995

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY ETTA EYINK**

Mailing Address **6630 BRUCE RD.**

City State Zip Code  
**CELINA OH 45822-9143**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963974**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**RODERIC FABIAN**

Mailing Address **4004 MONTROSE BLVD**

City State Zip Code  
**HOUSTON TX 77006-4900**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BAYLOR COLLEGE OF MEDICINE**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13931460**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**ALFRED FABRICO**

Mailing Address **712 BAYBERRY LN.**

City State Zip Code  
**WILLIAMSTOWN NJ 08094-9709**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956077**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**620.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MIKE A. FAHEY

Mailing Address 1300 SW FOREST MEADOWS WAY

City

LAKE OSWEGO

State

OR

Zip Code

97034-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLUMBIA HELICOPTER

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959340

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL J. FAIELLO

Mailing Address 7 SANDY RIDGE ROAD

City

STOCKTON

State

NJ

Zip Code

08559-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHORE WATER

Occupation

PRESIDENT OF WATER UTILITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969221

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANICE O. FAIKS

Mailing Address 12967 QUARTER HORSE LN

City

LEESBURG

State

VA

Zip Code

20176-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930243

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2626.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RODDEY B. FAILE**

Mailing Address **2715 FAILE RD.**

City State Zip Code  
**ROCK HILL SC 29730-8004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**221.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934471

Amount of Each Receipt this Period

**21.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**PAULA FAILLACE**

Mailing Address **13030 CONEFER RD**

City State Zip Code  
**HOUSTON TX 77079-7345**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946876

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JERRY C. FAIN**

Mailing Address **995 COUNTY RD. 1**

City State Zip Code  
**SOUTH POINT OH 45680-8866**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ELECTRICAL CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13964947

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**361.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. HENRY FAIR**

Mailing Address **101 MARY ST**

City State Zip Code  
**MOUNT PLEASANT SC 29464-4315**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937075

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GERALD FAIRBANKS**

Mailing Address **160 E SODERBERG RD APT B5**

City State Zip Code  
**ALLYN WA 98524-7700**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929225

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. KARL D. FAIRCHILD**

Mailing Address **9207 GEYSER AVE**

City State Zip Code  
**NORTHRIDGE CA 91324-3026**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961658

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**305.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JANE C. FALCKE**

Mailing Address **P.O. BOX 225**

City State Zip Code  
**GENOA NV 89411-0225**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE GENOA COMPANY INC.**

Occupation  
**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951544

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**FIMA FALIC**

Mailing Address **9999 COLLINS AVE APT 3A  
 APARTMENT 3A**

City State Zip Code  
**BAL HARBOUR FL 33154-1832**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUTY FREE AMERICAS**

Occupation  
**BUSINESSMAN/CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5450.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963333

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**FIMA FALIC**

Mailing Address **9999 COLLINS AVE APT 3A  
 APARTMENT 3A**

City State Zip Code  
**BAL HARBOUR FL 33154-1832**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUTY FREE AMERICAS**

Occupation  
**BUSINESSMAN/CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5450.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13964641

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**430.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. ELAYNE S. FALK**

Mailing Address **7909 INTERLAKEN DR. SW**

City State Zip Code  
**LAKEWOOD WA 98498-5706**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GYPSUM WALLBOARD SUPPLY**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**461.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965171

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**PATRICIA FALK**

Mailing Address **6302 SCENIC VIEW DRIVE**

City State Zip Code  
**HOSCHTON GA 30548-8215**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929416

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. SALLYANN FAMA**

Mailing Address **1361 E 56TH ST.**

City State Zip Code  
**CHICAGO IL 60637-1754**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**395.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928904

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**245.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. SALLYANN FAMA

Mailing Address 1361 E 56TH ST.

City State Zip Code  
CHICAGO IL 60637-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973160

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. CAROL FAMULARI

Mailing Address 301 LAKE GROVE DR

City State Zip Code  
COLDSPRING TX 77331-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPECIALTIES COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961869

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. GARRY R. FANCHER

Mailing Address 2370 WILLEO RILL RD

City State Zip Code  
MARIETTA GA 30062-6533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931870

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOSE F. FANJUL, JR.**

Mailing Address **201 GARDEN ROAD**

City State Zip Code  
**PALM BEACH FL 33480-3219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLORIDA CRYSTALS CORPORAT-  
 ION**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**7500.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945600

Amount of Each Receipt this Period

**7500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. MANDAN F. FARAHATI**

Mailing Address **1351 E WESTLEIGH RD**

City State Zip Code  
**LAKE FOREST IL 60045-3335**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MAGNA HEALTH SYSTEM**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1480.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956380

Amount of Each Receipt this Period

**215.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. FARGNOLI**

Mailing Address **10 TANNER WOODS**

City State Zip Code  
**SAN ANTONIO TX 78248-1628**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MUTUAL OF OMAHA**

Occupation  
**GENERAL MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933468

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**7815.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES FARINA

Mailing Address 20 PALMA ROAD

City

SOMERS

State

NY

Zip Code

10589-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST FAIR ELECTRIC

Occupation

ELECTRIC CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969839

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES FARINA

Mailing Address 20 PALMA ROAD

City

SOMERS

State

NY

Zip Code

10589-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST FAIR ELECTRIC

Occupation

ELECTRIC CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969907

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CELIA FARLEY HUDNALL

Mailing Address 2646 JUNIPER AVE

City

COLUMBUS

State

GA

Zip Code

31907-2630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946128

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

136.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**CELIA FARLEY HUDNALL**

Mailing Address **2646 JUNIPER AVE**

City State Zip Code  
**COLUMBUS GA 31907-2630**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952177

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA R. FARLEY**

Mailing Address **3150 SPRING LAKE DR NE**

City State Zip Code  
**CONYERS GA 30013-1448**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 GTP

Occupation

ART INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938479

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. AARON A. FARMER**

Mailing Address **2305 ISLAND COVE CIR  
 STE 600**

City State Zip Code  
**NAPLES FL 34109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 FOLWLER WHITE BOGGS BANKER

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951523

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**335.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DR. JOSEPH F. FARMER

Mailing Address 277 PLEASANT VALLEY DR

City State Zip Code  
LITTLE ROCK AR 72212-3170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST VINCENT HOSP

Occupation  
DR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942863

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DR. JOSEPH F. FARMER

Mailing Address 277 PLEASANT VALLEY DR

City State Zip Code  
LITTLE ROCK AR 72212-3170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST VINCENT HOSP

Occupation  
DR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969709

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ANTHONY FARR

Mailing Address 1119 E 57TH AVE APT E303

City State Zip Code  
SPOKANE WA 99223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S L START

Occupation  
DIRECTOR OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933319

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

181.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MERLE FARRELL

Mailing Address 1300 HEATHER LN.

City

LONGVIEW

State

TX

Zip Code

75604-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956869

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. FARRELL

Mailing Address 300 VILLAGE GRN STE 200  
STE 200

City

LINCOLNSHIRE

State

IL

Zip Code

60069-3083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMCO, INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944609

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL WAYNE FARRIS

Mailing Address 868 CEMETERY RD.

City

DECATUR

State

TX

Zip Code

76234-6506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930101

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. THADDEUS FARRIS**

Mailing Address **P.O. BOX 135**

City State Zip Code  
**MARBLE CITY OK 74945-0135**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**355.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937082

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. THADDEUS FARRIS**

Mailing Address **P.O. BOX 135**

City State Zip Code  
**MARBLE CITY OK 74945-0135**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**355.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956269

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**HELEN FARSON**

Mailing Address **801 W COMMONWEALTH AVE APT. 22**

City State Zip Code  
**ALHAMBRA CA 91801-3657**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950330

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**115.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
HELEN FARSON

Mailing Address 801 W COMMONWEALTH AVE APT. 22

City State Zip Code  
ALHAMBRA CA 91801-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954886

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. RUTH M. FASOLINO

Mailing Address 120 WHIPSTICK RD

City State Zip Code  
RIDGEFIELD CT 06877-5030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933595

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. MARILYN FAULKNER

Mailing Address 1141 WESTERN HILLS RD

City State Zip Code  
ROCKDALE TX 76567-5284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962677

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

490.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELLEN S. FAUVER

Mailing Address 2820 GLENWOOD GARDENS LANE UNI

City

RALEIGH

State

NC

Zip Code

27608-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIRWAYS

Occupation

FLIGHT ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963716

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY H. FAVRE

Mailing Address 2934 OAKLAND DRIVE

City

SUGAR LAND

State

TX

Zip Code

77479-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957930

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SHERWOOD L. FAWCETT

Mailing Address 1800 RIVERSIDE DR APT 2314  
APARTMENT 2314

City

COLUMBUS

State

OH

Zip Code

43212-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947045

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

671.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANN F. FAZENDE

Mailing Address 8736 DONNAWAY ST

City

METAIRIE

State

LA

Zip Code

70003-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931902

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DINO FAZLIBEGU

Mailing Address 401 9TH STREET N.W.  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968697

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS FEALTMAN

Mailing Address 12 RAILROAD AVE

City

EAST PENNSBORO

State

PA

Zip Code

17025-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMPDEN TOWNSHIP

Occupation

COLLECTION SYSTEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929534

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TERENCE FEATHER

Mailing Address 36 WOODSTREAM DR.

City

CHESTERBROOK

State

PA

Zip Code

19087-5877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TALEO CORP

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933292

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

F. FEDORA

Mailing Address 17822 ACACIA DR.

City

N FT MYERS

State

FL

Zip Code

33917-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956949

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

F. FEDORA

Mailing Address 17822 ACACIA DR.

City

N FT MYERS

State

FL

Zip Code

33917-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971988

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

261.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES B. FEDORA

Mailing Address 17822 ACACIA DR.

City

N FT MYERS

State

FL

Zip Code

33917-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2376.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956950

Amount of Each Receipt this Period

195.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES B. FEDORA

Mailing Address 17822 ACACIA DR.

City

N FT MYERS

State

FL

Zip Code

33917-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2376.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963208

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES B. FEDORA

Mailing Address 17822 ACACIA DR.

City

N FT MYERS

State

FL

Zip Code

33917-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2376.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972022

Amount of Each Receipt this Period

195.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BERNADETTE FEE

Mailing Address 653 E 14TH. ST. APT. 11E

City

NEW YORK

State

NY

Zip Code

10009-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953402

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH M. FEE

Mailing Address 620 SAND HILL RD. APT. 113D

City

PALO ALTO

State

CA

Zip Code

94304-2071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

1505.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943390

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID F. FELSBURG

Mailing Address 5844 ROBEYS MEADOW LN

City

FAIRFAX

State

VA

Zip Code

22030-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US VET TECHNOLOGIES INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE C.E.O.

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933553

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR. DAVID F. FELSBURG

Mailing Address 5844 ROBEYS MEADOW LN

City State Zip Code  
FAIRFAX VA 22030-5816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US VET TECHNOLOGIES INC

Occupation  
EXECUTIVE C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948920

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
DR. DAVID F. FELSBURG

Mailing Address 5844 ROBEYS MEADOW LN

City State Zip Code  
FAIRFAX VA 22030-5816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US VET TECHNOLOGIES INC

Occupation  
EXECUTIVE C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968205

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER FELTON

Mailing Address 8 BUTLER ROAD

City State Zip Code  
MENDON MA 01756-1335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952987

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. GEORGE W. FENIMORE

Mailing Address 13187 CHALON ROAD

City State Zip Code  
LOS ANGELES CA 90049-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968209

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. DOUGLAS FERNANDES

Mailing Address 1518 S HACKBERRY ST

City State Zip Code  
PECOS TX 79772-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941817

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. VERA M. FERNAU

Mailing Address 112 MALLARD DR.

City State Zip Code  
ARANSAS PASS TX 78336-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940928

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VERA M. FERNAU

Mailing Address 112 MALLARD DR.

City

ARANSAS PASS

State

TX

Zip Code

78336-3222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955977

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARK FESEN

Mailing Address 2609 LINKSLAND DRIVE

City

HUTCHINSON

State

KS

Zip Code

67502-9260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HUTCHINSON CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 1 0

Transaction ID: SA11.13971556

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LT. COL. THOMAS J. FEY

Mailing Address 115 ORCHARD CREST LN

City

BONAIRE

State

GA

Zip Code

31005-4024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US AIRFORCE

Occupation

CHAPLAIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929281

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LUKE FICHTHORN, III

Mailing Address 430 COCONUT PALM RD

City

VERO BEACH

State

FL

Zip Code

32963-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938820

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BESSIE FICKEL

Mailing Address 5903 TILBURY RD.

City

ALEXANDRIA

State

VA

Zip Code

22310-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954808

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BESSIE FICKEL

Mailing Address 5903 TILBURY RD.

City

ALEXANDRIA

State

VA

Zip Code

22310-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963626

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1085.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GERALD H. FICKENSCHER

Mailing Address 888 BLVD. OF THE ARTS APT. 705

City

SARASOTA

State

FL

Zip Code

34236-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959708

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CLAIRE E. FIELD

Mailing Address 3373 HADFIELD GREENE

City

SARASOTA

State

FL

Zip Code

34235-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948235

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GREGORY E. FIELD

Mailing Address 7833 YAKIMA AVE

City

TACOMA

State

WA

Zip Code

98408-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation  
CONTRACTOR/SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934082

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY E. FIELD

Mailing Address 7833 YAKIMA AVE

City

TACOMA

State

WA

Zip Code

98408-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

CONTRACTOR/SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946541

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GREGORY E. FIELD

Mailing Address 7833 YAKIMA AVE

City

TACOMA

State

WA

Zip Code

98408-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

CONTRACTOR/SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953324

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GREGORY E. FIELD

Mailing Address 7833 YAKIMA AVE

City

TACOMA

State

WA

Zip Code

98408-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

CONTRACTOR/SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960431

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY E. FIELD

Mailing Address 7833 YAKIMA AVE

City

TACOMA

State

WA

Zip Code

98408-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

CONTRACTOR/SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13960432

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY W. FIELDS, SR.

Mailing Address 2115 1ST AVE SE APT 2218  
APARTMENT 2218

City

CEDAR RAPIDS

State

IA

Zip Code

52402-6384

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1126.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13948534

Amount of Each Receipt this Period

226.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MOLLY H. FIELD

Mailing Address 42 WILD MEADOW CT

City

SPRING

State

TX

Zip Code

77380-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VINCENT AND ELKIN

Occupation

HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931623

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

371.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY D. FIELD

Mailing Address 9 STIMSON AVE

City

PROVIDENCE

State

RI

Zip Code

02906-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950544

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. WENDY FIFE

Mailing Address PO BOX 10

City

VERNONIA

State

OR

Zip Code

97064-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928951

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JUDY M. FIGGE

Mailing Address 4432 STATE HIGHWAY 25 SE

City

BUFFALO

State

MN

Zip Code

55313-8002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRAIRIE RIVER HOME CARE  
INC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951312

Amount of Each Receipt this Period

710.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

885.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. AIDA M. FIGUEROA

Mailing Address 2-01 KENNETH AVE

City

FAIR LAWN

State

NJ

Zip Code

07410-2049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953272

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DENNIS FIKES

Mailing Address 1118 LISA LN.

City

KINGWOOD

State

TX

Zip Code

77339-3430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARREN ALLOY

Occupation  
PRODUCT SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948814

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DENNIS FIKES

Mailing Address 1118 LISA LN.

City

KINGWOOD

State

TX

Zip Code

77339-3430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARREN ALLOY

Occupation  
PRODUCT SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972011

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PRESTON FILGER

Mailing Address 330 N HWY 291

City

LIBERTY

State

MO

Zip Code

64068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FILGER & JONES ENTERPRISES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928010

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK A. FILICE

Mailing Address 118 MARIGOLD LN.

City

MILFORD

State

PA

Zip Code

18337-7323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971197

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAN G. FILIP

Mailing Address P.O. BOX 129

City

GLEN

State

NH

Zip Code

03838-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953619

Amount of Each Receipt this Period

61.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

421.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAN G. FILIP

Mailing Address P.O. BOX 129

City

GLEN

State

NH

Zip Code

03838-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961681

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANK FINCHUM

Mailing Address 3129 PEBBLE BEACH LN.

City

ORANGE

State

TX

Zip Code

77630-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940689

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PHYLLIS FINE

Mailing Address 266 TRAILWOOD LANE

City

NORTHBROOK

State

IL

Zip Code

60062-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929773

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PHYLLIS FINE

Mailing Address 266 TRAILWOOD LANE

City

NORTHBROOK

State

IL

Zip Code

60062-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942967

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND N. FINK

Mailing Address P.O. BOX 134

City

WILLIAMSTON

State

MI

Zip Code

48895-0134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942562

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD E. FINLEY

Mailing Address 1240 N DOMINION AVE

City

PASADENA

State

CA

Zip Code

91104-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949256

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL F. FINNANE

Mailing Address 46300 AMETHYST DR

City

INDIAN WELLS

State

CA

Zip Code

92210-8611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931304

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE S. FINNEY

Mailing Address 106 BEECHWOOD DR

City

SPARTANBURG

State

SC

Zip Code

29307-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: SA11.13970057

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH J. FINNEGAN

Mailing Address 2001 DIPINTO AVE

City

HENDERSON

State

NV

Zip Code

89052-6983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RECOVERY EQUITY PARTNERSOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13947830

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

340.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. DOROTHY L. FINSTICK**

Mailing Address **1207 S. WOODLAND AVENUE**  
**APARTMENT 103**

City State Zip Code  
**MICHIGAN CITY IN 46360-7144**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**398.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13938058

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. FRANK A. FIORITO**

Mailing Address **130 OAKLAND RD.**

City State Zip Code  
**MAPLEWOOD NJ 07040-2314**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**670.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948810

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MELVIN J. FIREVID**

Mailing Address **3081 WILLIAMS CREEK DR**

City State Zip Code  
**CINCINNATI OH 45244-3262**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRI STATE WIRE ROPE**

Occupation  
**SECRETARY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938790

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**165.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 675 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ERNEST FISCHER**

Mailing Address **16649 FM 624**

City State Zip Code  
**ROBSTOWN TX 78380-6076**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**TRAILER DEALER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950376

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GUY R. FISCHER**

Mailing Address **102 LANGFORD FARMS DR**

City State Zip Code  
**BRANDON MS 39047-9253**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938594

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JEANNETTE FISCHER**

Mailing Address **P.O. BOX 92**

City State Zip Code  
**LOHMAN MO 65053-0092**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13938231

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**190.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 676 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARGARET FISCHER, M.D.

Mailing Address 681 NW 73RD. AVE

City

PLANTATION

State

FL

Zip Code

33317-1138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953544

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL FISCHER

Mailing Address 340 N EDISON STREET

City

ARLINGTON

State

VA

Zip Code

22203-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL GOVERNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928742

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SHAWN FISCHER

Mailing Address 128 N. MAHAFFIE STREET

City

OLATHE

State

KS

Zip Code

66061-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRETS AUTO WORKS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGER

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918812

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

151.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD FISH

Mailing Address 3715 MIWOK PL

City

DAVIS

State

CA

Zip Code

95618-5079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957347

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL W. FISH

Mailing Address P.O. BOX 239

City

JONES MILLS

State

PA

Zip Code

15646-0239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P & JIP ASSETS LTD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965607

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REV. CLAUDIA FISHER

Mailing Address 1125 LANE 9

City

POWELL

State

WY

Zip Code

82435-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941943

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REV. CLAUDIA FISHER

Mailing Address 1125 LANE 9

City

POWELL

State

WY

Zip Code

82435-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942230

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

REV. CLAUDIA FISHER

Mailing Address 1125 LANE 9

City

POWELL

State

WY

Zip Code

82435-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962389

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWIN P. FISHER

Mailing Address 3493 ROYAL TURN LANE

City

BOYNTON BEACH

State

FL

Zip Code

33436-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952872

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ETHEL D. FISHER

Mailing Address 10290 WESTERN OAKS RD.

City

FORT WORTH

State

TX

Zip Code

76108-9738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954096

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK D. FISHER

Mailing Address 7598 OLD BAY POINTE RD

City

MILTON

State

FL

Zip Code

32583-2968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965101

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGARET FISHER

Mailing Address 9 READING DR. APT. 328

City

WERNERSVILLE

State

PA

Zip Code

19565-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953956

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MELVIN FISK

Mailing Address 6056 WHITEHVEN CT

City

SAN JOSE

State

CA

Zip Code

95138-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938794

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA S. FITCH

Mailing Address 11 S WEST OAK DR.

City

HOUSTON

State

TX

Zip Code

77056-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961302

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROY E. FITE

Mailing Address 2801 WALNUT BEND LN APT 77

City

HOUSTON

State

TX

Zip Code

77042-3445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNAL REVENUE SERVICE

Occupation  
AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941794

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. WILLIAM FITSGERALD

Mailing Address 18 VER PLANCK ST

City

ALBANY

State

NY

Zip Code

12206-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955420

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. WILLIAM FITSGERALD

Mailing Address 18 VER PLANCK ST

City

ALBANY

State

NY

Zip Code

12206-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972173

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICHARD P. FITZ GERALD

Mailing Address 5500 CALLE REAL APT. B103

City

SANTA BARBARA

State

CA

Zip Code

93111-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972089

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH S. FITZGERALD

Mailing Address P.O. BOX 211

City

FAYETTEVILLE

State

PA

Zip Code

17222-0211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936971

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P. FITZGERALD

Mailing Address 5500 CALLE REAL APT. B103

City

SANTA BARBARA

State

CA

Zip Code

93111-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945745

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P. FITZGERALD

Mailing Address 5500 CALLE REAL APT. B103

City

SANTA BARBARA

State

CA

Zip Code

93111-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959977

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS F. FITZGIBBON, SR.

Mailing Address 9640 REDING CIR

City

DES PLAINES

State

IL

Zip Code

60016-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935130

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS F. FITZGIBBON, SR.

Mailing Address 9640 REDING CIR

City

DES PLAINES

State

IL

Zip Code

60016-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969283

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK FITZPATRICK

Mailing Address 863 N BARLOW RD.

City

LINCOLN

State

MI

Zip Code

48742-9794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KRIS MARTOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951581

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JEFFREY W. FITZWILLIAM**

Mailing Address **7297 ROYALGREEN DR.**

City State Zip Code  
**CINCINNATI OH 45244-3650**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13929737**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JEFFREY W. FITZWILLIAM**

Mailing Address **7297 ROYALGREEN DR.**

City State Zip Code  
**CINCINNATI OH 45244-3650**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13942922**

Amount of Each Receipt this Period

**400.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. CHRIS FLAGET**

Mailing Address **PO BOX 264**

City State Zip Code  
**HALLIDAY ND 58636-0264**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13942528**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LINDA H. FLANAGAN

Mailing Address 1026 CAPTAIN ADKINS DR

City

SOUTHPORT

State

NC

Zip Code

28461-2659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943524

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR W. FLANNIGAN

Mailing Address 2945 TROSETH ROAD

City

SAINT PAUL

State

MN

Zip Code

55113-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLANNIGAN TRUCKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

TRUCK DRIVER

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928321

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE R. FLECK

Mailing Address 1155 RUGGLESTONE WAY

City

DULUTH

State

GA

Zip Code

30097-8901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRAND ENERGY & INFRASTRUC-  
TURE SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HR MANAGER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971360

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARHUR E. FLEGEL

Mailing Address 1895 OAKDELL DR

City

MENLO PARK

State

CA

Zip Code

94025-6167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950325

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERMAN FLEISCHER

Mailing Address 93 E END AVE

City

HICKSVILLE

State

NY

Zip Code

11801-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947489

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH FLEMING

Mailing Address 932 3RD. ST. S

City

VIRGINIA

State

MN

Zip Code

55792-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930247

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

331.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 687 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. MARY P. FLEMING**

Mailing Address **12700 SCHOOL CREEK RD**

City State Zip Code  
**SAINT GEORGE KS 66535-9775**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937293

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. SARAH FLEMING**

Mailing Address **3430 WOODGATE DRIVE**

City State Zip Code  
**GRAND JUNCTION CO 81506-6503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**245.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13958890

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. PHILIP E. FLICK**

Mailing Address **25067 ECHO CLIFF ROAD**

City State Zip Code  
**MAPLE HILL KS 66507-8585**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOY AND COMPANY**

Occupation  
**ACCOUNTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**355.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941801

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**110.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RUSSELL F. FLINT**

Mailing Address **224 REDWOOD DR.**

City State Zip Code  
**NEW ALBANY IN 47150-4381**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934421

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. SHERAN A. FLIPPO**

Mailing Address **1031 GRAND ISLE TER**

City State Zip Code  
**PALM BEACH GARDENS FL 33418-4582**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931937

Amount of Each Receipt this Period

**105.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**JUANITA RUTH FLOCKE**

Mailing Address **730 BABCOCK RD. APT. 1405**

City State Zip Code  
**SAN ANTONIO TX 78201-2666**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952127

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**175.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DORENZA B. FLORENCE

Mailing Address 2327 LAMPARILLA WAY S

City

ST PETERSBURG

State

FL

Zip Code

33712-3807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932479

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN S. FLORY

Mailing Address 319 N 1ST ST APT 208

City

BRIDGEWATER

State

VA

Zip Code

22812-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937413

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN R. FLOYD

Mailing Address 272 WINDSOR PKWY NE

City

ATLANTA

State

GA

Zip Code

30342-2780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938478

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN R. FLOYD

Mailing Address 272 WINDSOR PKWY NE

City

ATLANTA

State

GA

Zip Code

30342-2780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 1 0

Transaction ID: SA11.13971540

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLARD FLUCK

Mailing Address 50128 850TH AVENUE

City

HECTOR

State

MN

Zip Code

55342-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948315

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD J. FLYNN

Mailing Address 7219 W GREENLEAF AVENUE

City

CHICAGO

State

IL

Zip Code

60631-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972059

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. NANCY J. FOBES

Mailing Address 2285 HARKNESS CT

City State Zip Code  
BILOXI MS 39532-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931615

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WALTER A. FOGARTY

Mailing Address PO BOX 637

City State Zip Code  
SHELTER IS NY 11964-0637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929190

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. LISBETH A. FOGG

Mailing Address 5505 RIVER RD.

City State Zip Code  
CAMILLA GA 31730-5813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958451

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

580.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANTHONY C. FOGLEMAN

Mailing Address 10 26TH ST.

City

BUTNER

State

NC

Zip Code

27509-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALLETONE OF NC, INC

Occupation

REGIONAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955037

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLEVELAND B. FOGLEMAN

Mailing Address 107 MELBA CIR

City

CARRBORO

State

NC

Zip Code

27510-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLF

Occupation

AUTOMOTIVE LOTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944750

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS P. FOLGERT

Mailing Address 47 ABBOTT ST.

City

HOOSICK FALLS

State

NY

Zip Code

12090-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TACONIC CUSTOM MACHINE INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941448

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAN FOLLIS

Mailing Address 133 W MARKET ST  
#205

City State Zip Code  
INDIANAPOLIS IN 46204-2801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929065

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH E. FOLSOM

Mailing Address 5421 EDINGTON LN

City State Zip Code  
RALEIGH NC 27604-5941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RTI INTERNATIONAL

Occupation  
ANYLIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929602

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROSE FONG

Mailing Address 6440 HAVENSIDE DR.

City State Zip Code  
SACRAMENTO CA 95831-1504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933886

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
ROSE FONG

Mailing Address 6440 HAVENSIDE DR.

City State Zip Code  
SACRAMENTO CA 95831-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937908

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
ROSE FONG

Mailing Address 6440 HAVENSIDE DR.

City State Zip Code  
SACRAMENTO CA 95831-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938261

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
ROSE FONG

Mailing Address 6440 HAVENSIDE DR.

City State Zip Code  
SACRAMENTO CA 95831-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972053

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS SHIRLEY FONG

Mailing Address 147 CASTLE DR

City

PITTSBURGH

State

PA

Zip Code

15235-1855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPMC

Occupation

MEDICAL RECORDS CODER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934289

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE W. FONSECA

Mailing Address 400 GARVER RD

City

MANSFIELD

State

OH

Zip Code

44903-9057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951444

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROLE FONTAINE

Mailing Address 705 MEADOW STREAM DR

City

SOUTH BEND

State

IN

Zip Code

46614-6838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13961004

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

441.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID FONTENOT**

Mailing Address **1153 S BAYOUWOOD DR**

City State Zip Code  
**LAKE CHARLES LA 70605-3345**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**4 P PLANNING**

Occupation  
**PLANNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**725.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952680

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID FONTENOT**

Mailing Address **1153 S BAYOUWOOD DR**

City State Zip Code  
**LAKE CHARLES LA 70605-3345**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**4 P PLANNING**

Occupation  
**PLANNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**725.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972945

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**ANTOINETTE FORAND**

Mailing Address **14 OLD MILL DR.**

City State Zip Code  
**DENVILLE NJ 07834-9511**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933367

Amount of Each Receipt this Period

**71.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**171.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 697 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANTOINETTE FORAND

Mailing Address 14 OLD MILL DR.

City

DENVILLE

State

NJ

Zip Code

07834-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959976

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. FORAN

Mailing Address 11815 MEADOWSPRING LN

City

DALLAS

State

TX

Zip Code

75218-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954980

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ANNE E. FORD

Mailing Address 733 LARCHWOOD DRIVE

City

BREA

State

CA

Zip Code

92821-6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. JUDE MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955797

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 698 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. FORD

Mailing Address 16492 BARNSTABLE CIR.

City

HUNTINGTON BEACH

State

CA

Zip Code

92649-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946975

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EILEEN FORD

Mailing Address 3662 IONIA ST.

City

SEAFORD

State

NY

Zip Code

11783-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13938291

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELTON FORD

Mailing Address 19 LA LITA LN

City

SANTA BARBARA

State

CA

Zip Code

93105-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961976

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAROLD JACKSON FORD

Mailing Address 199 RAPER CIR.

City

LEXINGTON

State

NC

Zip Code

27295-5821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948303

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JERRY FORD

Mailing Address 1777 ARDLEIGH RD

City

COLUMBUS

State

OH

Zip Code

43221-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962804

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE FORD

Mailing Address 2828 HOOD STREET  
APARTMENT 1303

City

DALLAS

State

TX

Zip Code

75219-7810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956736

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. NORMA M. FORD**

Mailing Address **905 N. MILFORD LAKE ROAD**

City State Zip Code  
**JUNCTION CITY KS 66441-8573**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 17 / 2010**

Transaction ID: SA11.13969993

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS FORD**

Mailing Address **4900 SW 74TH CT**

City State Zip Code  
**MIAMI FL 33155-4400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BHAMANI,FORD&ASSOC INC**

Occupation  
**ARCHITECT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13945118

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS FORD**

Mailing Address **4900 SW 74TH CT**

City State Zip Code  
**MIAMI FL 33155-4400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BHAMANI,FORD&ASSOC INC**

Occupation  
**ARCHITECT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13973229

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**105.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 701 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. FORD

Mailing Address 4028 NE COLLEGE ST

City

AYDEN

State

NC

Zip Code

28513-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933680

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. FORD

Mailing Address 4028 NE COLLEGE ST

City

AYDEN

State

NC

Zip Code

28513-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961494

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GERALD L. FORET

Mailing Address 43011 VICTORY DRIVE

City

FRANKLINTON

State

LA

Zip Code

70438-5129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933437

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 702 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. FORINASH

Mailing Address 212 LINDEN  
P.O. BOX 37

City State Zip Code  
IRONDALE MO 63648-0037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946624

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. FORMATO

Mailing Address 77 7TH AVENUE APT 21C

City State Zip Code  
NEW YORK NY 10011-6644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933261

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY V. FORMISANO

Mailing Address 32 ROCKLAND PLACE

City State Zip Code  
NEW ROCHELLE NY 10801-2027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940623

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 703 / 3187  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY V. FORMISANO

Mailing Address 32 ROCKLAND PLACE

City

NEW ROCHELLE

State

NY

Zip Code

10801-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960111

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HAROLD E. FORSEE

Mailing Address 5415 BAZZANELLA DR.

City

MINERAL

State

VA

Zip Code

23117-5040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965310

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM N. FORSTROM

Mailing Address 1710 EMERALD GLADE LN

City

CINCINNATI

State

OH

Zip Code

45255-5101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951569

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

226.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY C. FORSTER

Mailing Address 1220 WEST ST

City

ROSENBERG

State

TX

Zip Code

77471-3154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964057

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVE V. FORTHUN

Mailing Address PO BOX 94

City

MINOT

State

ND

Zip Code

58702-0094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINOT RESTURANT SUPPLY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965166

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THAD FOSGITT

Mailing Address 978 N. BAKER RD.

City

WELLSTON

State

MI

Zip Code

49689-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955842

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ALBERT W. FOSTER**

Mailing Address **20451 AUDETTE ST**

City State Zip Code  
**DEARBORN MI 48124-3907**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948309

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DENICE FOUNTAIN**

Mailing Address **1010 NW BELL AVE**

City State Zip Code  
**LAWTON OK 73507-6647**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949418

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. SHARON FOUST**

Mailing Address **122 E 2ND ST**

City State Zip Code  
**MINNEAPOLIS KS 67467-2402**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FOUST IMAGING**

Occupation  
**BEAUTY CUNSLTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: SA11.13969488

Amount of Each Receipt this Period

**45.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**195.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 706 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN N. FOWLER**

Mailing Address **4800 LAKEWOOD DR**

City State Zip Code  
**METAIRIE LA 70002-1371**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENGINEERING DYNAMICS INC**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948917

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**THOMAS FOWLER**

Mailing Address **2708 ELM AVE**

City State Zip Code  
**MANHATTAN BEACH CA 90266-2426**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13964640

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**BETTY J. FOX**

Mailing Address **11 SUMMERHILL CIRCLE**

City State Zip Code  
**CABOT AR 72023-8619**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930444

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**525.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BETTY J. FOX

Mailing Address 11 SUMMERHILL CIRCLE

City

CABOT

State

AR

Zip Code

72023-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946584

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EDNA R. FOX

Mailing Address 4655 VICTORIA ST N APT 211

City

SAINT PAUL

State

MN

Zip Code

55126-5889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954578

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PEGGY FOX

Mailing Address 525 W BACA STREET

City

TRINIDAD

State

CO

Zip Code

81082-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948603

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 708 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMBASSADOR SAM FOX

Mailing Address 7701 FORSYTH BOULEVARD  
SUITE 600City State Zip Code  
SAINT LOUIS MO 63105-1875FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942514

Amount of Each Receipt this Period

8000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LISA FRAGA, M.D.

Mailing Address 526 ROUND HOLLOW LN

City State Zip Code  
SOUTHLAKE TX 76092-2219FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950562

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RONALD G. FRAGGE

Mailing Address 1923 FORTSIDE CIRCLE

City State Zip Code  
FT. MITCHELL KY 41011-1846FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933024

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

8251.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RONALD G. FRAGGE

Mailing Address 1923 FORTSIDE CIRCLE

City

FT. MITCHELL

State

KY

Zip Code

41011-1846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952965

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HARRISON S. FRAKER

Mailing Address 1 GARDENER CT

City

NANTUCKET

State

MA

Zip Code

02554-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947766

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NANCY L. FRANCE

Mailing Address 137 COLGAN AVE APT 2061

City

SANTA ROSA

State

CA

Zip Code

95404-7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970046

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. BARBARA HACKMAN FRANKLIN**

Mailing Address **2600 VIRGINIA AVENUE, NW  
 SUITE 506**

City State Zip Code  
**WASHINGTON DC 20037-1946**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BARBARA FRANKLIN ENTERPRISES**

Occupation  
**PRESIDENT/CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 29 / 2010**

**Transaction ID: SA11.13959405**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CARL R. FRANK**

Mailing Address **1776 K ST. NW**

City State Zip Code  
**WASHINGTON DC 20006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILEY REIN AND FIELDING**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 03 / 2010**

**Transaction ID: SA11.13964395**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE G. FRANKLIN**

Mailing Address **225 PARKING WAY**

City State Zip Code  
**LAKE JACKSON TX 77566-5226**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**480.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13955849**

Amount of Each Receipt this Period

**160.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1410.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE G. FRANKLIN

Mailing Address 225 PARKING WAY

City

LAKE JACKSON

State

TX

Zip Code

77566-5226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965611

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WARREN E. FRANK

Mailing Address 43575 BLAKE CREEK RD

City

LEONARDTOWN

State

MD

Zip Code

20650-6047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956612

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALAN P. FRANTZEN

Mailing Address 174 PERHAM ST

City

WEST ROXBURY

State

MA

Zip Code

02132-3255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE STREET BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

TAX ASSOCIATE

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947521

Amount of Each Receipt this Period

95.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. DENNY FRARY

Mailing Address 24 E 2ND ST

City State Zip Code  
PROPHETSTOWN IL 61277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937652

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. STUART A. FRASER

Mailing Address 18 MAPLE WAY

City State Zip Code  
ARMONK NY 10504-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CANTOR FITZGERALD LLP

Occupation

FINANCIAL SERVICES EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959411

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. STUART A. FRASER

Mailing Address 18 MAPLE WAY

City State Zip Code  
ARMONK NY 10504-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CANTOR FITZGERALD LLP

Occupation

FINANCIAL SERVICES EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959412

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RONALD N. FRAZAR

Mailing Address P.O. BOX 4970

City

WHITEFISH

State

MT

Zip Code

59937-4970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930213

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE FRAZIER

Mailing Address 15209 MAPLE CT

City

OVERLAND PARK

State

KS

Zip Code

66223-3244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938161

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEITH I. FREDERICK

Mailing Address 11250 KENTUCKY RD.

City

PAPILLION

State

NE

Zip Code

68133-2322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949112

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

261.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 714 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL D. FREDERICK

Mailing Address 51 S PARK LN

City

DUNCANSVILLE

State

PA

Zip Code

16635-4567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931942

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOSEPHINE W. FREEDE

Mailing Address 316 NW 39TH STREET

City

OKLAHOMA CITY

State

OK

Zip Code

73118-8414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961170

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

P D. FREEDLE

Mailing Address 35 W SPANISH MAIN ST.

City

TAMPA

State

FL

Zip Code

33609-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INVESTOR

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952693

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW R. FREEMAN

Mailing Address 4600 CHEVY CHASE BLVD.

City

CHEVY CHASE

State

MD

Zip Code

20815-5301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947078

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

COL. DAN W. FREEMAN

Mailing Address 3556 VIA LOMA VISTA

City

ESCONDIDO

State

CA

Zip Code

92029-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940804

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERNEST H. FREEMAN

Mailing Address 6434 W. 82ND PLACE

City

BURBANK

State

IL

Zip Code

60459-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949819

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY E. FREEMAN

Mailing Address 6 S SUMMER CLOUD DR.

City  
SPRING

State  
TX

Zip Code  
77381-6226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954051

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUE P. FREEZE

Mailing Address 2208 ASHWOOD LN. NW

City  
CULLMAN

State  
AL

Zip Code  
35058-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954863

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEFFEREY E. FRICK

Mailing Address 8003 PASEO ESMERADO

City  
CARLSBAD

State  
CA

Zip Code  
92009-9805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959086

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 717 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HEINZ K. FRIDRICH

Mailing Address 131 LONG POINT DR.

City

FERNANDINA

State

FL

Zip Code

32034-6410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932765

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARRY FRIEDBERG

Mailing Address 134 E 71ST. ST.

City

NEW YORK

State

NY

Zip Code

10021-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRIEDHAM MALATK

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959467

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN FRIEDGEN

Mailing Address 5685 LAKE MURRAY BLVD UNIT D

City

LA MESA

State

CA

Zip Code

91942-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966925

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 718 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MS. JOAN FRIEDGEN

Mailing Address 5685 LAKE MURRAY BLVD UNIT D

City	State	Zip Code
LA MESA	CA	91942-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971397

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. LEE FRIEDRICHSEN

Mailing Address 4006 COAPITES STREET

City	State	Zip Code
PASADENA	TX	77504-3530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949257

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. SUSAN FRIEDMAN

Mailing Address 615 SANTA MARIA STREET

City	State	Zip Code
SUGAR LAND	TX	77478-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961234

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1160.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. FRIEDRICH

Mailing Address 1553 ENSENADA DRIVE

City

ORLANDO

State

FL

Zip Code

32825-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13964227

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN A. FRIENDSHUH

Mailing Address P.O. BOX 432

City

SAVAGE

State

MN

Zip Code

55378-0432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944450

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN A. FRIENDSHUH

Mailing Address P.O. BOX 432

City

SAVAGE

State

MN

Zip Code

55378-0432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13953820

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

126.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. GERALDINE FRIES**

Mailing Address **1860 S MINNEWAWA AVE**

City State Zip Code  
**FRESNO CA 93727-6036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**449.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941924

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. EUNICE E. FRISKE**

Mailing Address **2310 S. 11TH AVE.**

City State Zip Code  
**BROADVIEW IL 60155-4034**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941546

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. EUNICE E. FRISKE**

Mailing Address **2310 S. 11TH AVE.**

City State Zip Code  
**BROADVIEW IL 60155-4034**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941878

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ROSEMARIE R. FRITZ**

Mailing Address **37 WINDEMERE PKWY.**

City State Zip Code  
**PHOENIX MD 21131-2423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953631

Amount of Each Receipt this Period

**16.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ROSEMARIE R. FRITZ**

Mailing Address **37 WINDEMERE PKWY.**

City State Zip Code  
**PHOENIX MD 21131-2423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13958694

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. WELLUM P. FRIVOLD**

Mailing Address **P.O. BOX 11207**

City State Zip Code  
**SAN RAFAEL CA 94912-1207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935180

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**136.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**JEANETTE FROELICH**

Mailing Address **220 PAISANO DR.**

City State Zip Code  
**VICTORIA TX 77904-3790**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**460.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956473

Amount of Each Receipt this Period

**55.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. HAROLD E. FROMM**

Mailing Address **314 N BERRY PINE RD**

City State Zip Code  
**RAPID CITY SD 57702-1859**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13972825

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MARGARET JANE FRONCZAK**

Mailing Address **2769 N. INDIAN HEIGHTS DRIVE**

City State Zip Code  
**OREGON IL 61061-9250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**257.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13972815

Amount of Each Receipt this Period

**115.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**670.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 723 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. FRONING

Mailing Address 4044 LONE WOLF CIR

City

CROSSVILLE

State

TN

Zip Code

38572-6565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.44

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969998

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS D. FROOM

Mailing Address 1909 PAISLEY DR

City

ARLINGTON

State

TX

Zip Code

76015-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938686

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH FROSTAD

Mailing Address 1589 SILVER LAKE RD

City

OAK HARBOR

State

WA

Zip Code

98277-9050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928947

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ARDIS N. FRY

Mailing Address 1614 E BLUFF ST

City

GARDEN CITY

State

KS

Zip Code

67846-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRY EYE ASSOC.

Occupation

NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962649

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JULIA E. FRY

Mailing Address 998 21 1/2 ROAD

City

GRAND JUNCTION

State

CO

Zip Code

81505-9302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967453

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. FRYKLUND

Mailing Address 16805 ASTERBILT LN.

City

LAKEVILLE

State

MN

Zip Code

55044-6055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945378

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. SAMUEL R. FUJIMOTO**

Mailing Address **16000 S. BROADWAY ST.**

City State Zip Code  
**GARDENA CA 90248-2408**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13949874**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. PAT FOX FULGHAM**

Mailing Address **3707 COPPERWOOD DRIVE**

City State Zip Code  
**RICHARDSON TX 75082-2426**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13951113**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MS. HELEN V. FULLBRIGHT**

Mailing Address **196 TURNPIKE ROAD**

City State Zip Code  
**BREVARD NC 28712-4701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**742.50**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13938309**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1030.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN V. FULLBRIGHT

Mailing Address 196 TURNPIKE ROAD

City

BREVARD

State

NC

Zip Code

28712-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942103

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELEN V. FULLBRIGHT

Mailing Address 196 TURNPIKE ROAD

City

BREVARD

State

NC

Zip Code

28712-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972222

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HELEN V. FULLBRIGHT

Mailing Address 196 TURNPIKE ROAD

City

BREVARD

State

NC

Zip Code

28712-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972223

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**BRADLEY FULLER**

Mailing Address **2 HANNAH DODGE RD UNIT A**

City State Zip Code  
**LITTLETON MA 01460-6244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13947912

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. FULLER**

Mailing Address **133 BLACKHAWK CLUB CT**

City State Zip Code  
**DANVILLE CA 94506-4513**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956251

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GORDON R. FULLER**

Mailing Address **981 CENTRAL AVE**

City State Zip Code  
**PLAINFIELD NJ 07060-2343**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARSH TOWN**

Occupation  
**VICE PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931528

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**330.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JOBYNA FULLER**

Mailing Address **383 PLAYER CEMETERY RD.**

City State Zip Code  
**FITZGERALD GA 31750-7230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**241.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13964243

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN FULLERTON**

Mailing Address **1407 INDIAN TRL**

City State Zip Code  
**SALADO TX 76571-5492**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US GOVT**

Occupation  
**SURGEON**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953353

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN R. FULLER**

Mailing Address **2020 WASHINGTON AVENUE**

City State Zip Code  
**PLOVER WI 54467-2868**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962545

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**330.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEVEN FULLMER

Mailing Address P.O. BOX 58

City

GRAVETTE

State

AR

Zip Code

72736-0058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMPIRE DISTRICT ELECTRIC  
CO.

Occupation

DISTRIBUTION CONSTRUCTION DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918415

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT FULTON

Mailing Address 12671 OAK BEND DR

City

FORT MYERS

State

FL

Zip Code

33905-5839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943907

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BERNARD G. FULTZ

Mailing Address 10360 COUNTY HIGHWAY 20

City

TRACY

State

MN

Zip Code

56175-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953489

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MAXINE FULTZ**

Mailing Address **2103 71ST ST**

City State Zip Code  
**LUBBOCK TX 79412-3833**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13962150

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. VICTOR FUMOSO**

Mailing Address **3045 ROBERTS AVE**

City State Zip Code  
**BRONX NY 10461-5110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1150.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937292

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. VICTOR FUMOSO**

Mailing Address **3045 ROBERTS AVE**

City State Zip Code  
**BRONX NY 10461-5110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1150.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954237

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**320.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVE DARRELL FUNK

Mailing Address 69262 640TH ST

City

GRISWOLD

State

IA

Zip Code

51535-6654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939718

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WANDA FUNK

Mailing Address 1601 MERRIMAN AVE

City

CRP CHRISTI

State

TX

Zip Code

78412-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939448

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WANDA FUNK

Mailing Address 1601 MERRIMAN AVE

City

CRP CHRISTI

State

TX

Zip Code

78412-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959783

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

86.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 732 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. NANCY L. FUREBY

Mailing Address 4822 BLAYDON RD.

City State Zip Code  
ROCKLIN CA 95765-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932948

Amount of Each Receipt this Period

11.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. NANCY L. FUREBY

Mailing Address 4822 BLAYDON RD.

City State Zip Code  
ROCKLIN CA 95765-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936226

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. NANCY L. FUREBY

Mailing Address 4822 BLAYDON RD.

City State Zip Code  
ROCKLIN CA 95765-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949741

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

121.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES FURR**

Mailing Address **172 WHITE OAK RD**

City State Zip Code  
**QUITMAN LA 71268-1227**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**366.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963561**

Amount of Each Receipt this Period

**26.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**PAUL M. FURUKAWA**

Mailing Address **16727 RICKENBACKER CIR**

City State Zip Code  
**RIVERSIDE CA 92518-2913**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13939061**

Amount of Each Receipt this Period

**75.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. MICHAEL G. FUTRELL**

Mailing Address **8001 YOUREE DR  
 SUITE 740**

City State Zip Code  
**SHREVEPORT LA 71115-2304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DOCTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13930480**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1101.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CARL J. GAFFOGLIO

Mailing Address 3318 CANDLEKNOLL DR

City  
SPRING

State  
TX

Zip Code  
77388-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948568

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KATHARINE D. GAHAGAN

Mailing Address 601 SMITHS BRIDGE ROAD

City

WILMINGTON

State

DE

Zip Code

19807-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956864

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL GALLAGHER

Mailing Address 414 WOODLAWN ROAD

City

BALTIMORE

State

MD

Zip Code

21210-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILMERHALE

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955992

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1401.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. WANDA GALLAGHER**

Mailing Address **3098 COUNTY ROAD 213**

City State Zip Code  
**CLYDE OH 43410-9572**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942807

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**M GALLUP**

Mailing Address **10511 W 70TH TER APT 201**

City State Zip Code  
**SHAWNEE KS 66203-4162**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13932185

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**M GALLUP**

Mailing Address **10511 W 70TH TER APT 201**

City State Zip Code  
**SHAWNEE KS 66203-4162**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959566

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**120.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY ANN GALLUCCI

Mailing Address 830 TANGLEWOOD DR NE

City

MASSILLON

State

OH

Zip Code

44646-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928902

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MEARL GALLUP

Mailing Address 1311 S GLEBE RD

City

ARLINGTON

State

VA

Zip Code

22204-4340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928042

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LIANE R. GALVIN

Mailing Address 1980 OAK STREET

City

NORTH BEND

State

OR

Zip Code

97459-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946548

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GALO GAMARRA**

Mailing Address **186 ELENA CT.**

City State Zip Code  
**JUPITER FL 33478-5403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**341.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: **SA11.13938834**

Amount of Each Receipt this Period

**21.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**JUDITH GAMBEE**

Mailing Address **1811 E. MAIN STREET**

City State Zip Code  
**MEDFORD OR 97504-7626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: **SA11.13955651**

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**STEPHEN GAMBEE**

Mailing Address **8001 TABLE ROCK ROAD**

City State Zip Code  
**WHITE CITY OR 97503-1021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROGUE WASTE SYSTEMS, LLC**

Occupation  
**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: **SA11.13962485**

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**10021.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 738 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID P. GAMBLE

Mailing Address 2700 POLO LANE

City

PLANO

State

TX

Zip Code

75093-4774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PPG INVESTMENTS LLC

Occupation

INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948205

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LINCOLN GAMBLE

Mailing Address 11100 QUAIL CREST ST

City

FORT SMITH

State

AR

Zip Code

72916-9157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940853

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GILLIS GAMMACK, III

Mailing Address 270 PARDUE DR.

City

VALLEY GRANDE

State

AL

Zip Code

36701-3774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948733

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 739 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN R. GAMMEL

Mailing Address 3 WIGGAND DR.

City

GLENMONT

State

NY

Zip Code

12077-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935476

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS J. GANEM

Mailing Address 4722 W CREEDANCE BLVD

City

GLENDALE

State

AZ

Zip Code

85310-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METRO MECHANICAL

Occupation  
MECHANICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948892

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KATHERINE L. GANN

Mailing Address 2349 S OLIVEWOOD

City

MESA

State

AZ

Zip Code

85209-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931664

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOLGER B. GANTZ

Mailing Address 3754 DARLINGTON CT.

City

SANTA ROSA

State

CA

Zip Code

95404-7629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963129

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAVID GANZ

Mailing Address 77 WELLESLEY RD.

City

BELMONT

State

MA

Zip Code

02478-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928999

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CHERIE V. GANZER

Mailing Address 11380 FUERTE DRIVE

City

EL CAJON

State

CA

Zip Code

92020-8218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930601

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CHERIE V. GANZER

Mailing Address 11380 FUERTE DRIVE

City

EL CAJON

State

CA

Zip Code

92020-8218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930928

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER GANZI

Mailing Address 8171 BAY COLONY DRIVE, #1902

City

NAPLES

State

FL

Zip Code

34108-7567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE PALM RESTAURANT

Occupation  
CO-CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959406

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

STEVEN GARAVAGLIA

Mailing Address 1111 BEACON STREET APT 51

City

BROOKLINE

State

MA

Zip Code

02446-5520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947650

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. KAREN A. GARBERS**

Mailing Address **P.O. BOX 182**

City State Zip Code  
**ATKINS IA 52206-0182**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**291.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941608

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. ALEXIS GARCIA**

Mailing Address **3700 SW 104TH AVE**

City State Zip Code  
**MIAMI FL 33165-3709**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFO REQUESTED

Aggregate Year-to-Date ▼

**241.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951465

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. ELOISA SANTIBANEZ GARCIA**

Mailing Address **214 KEYSTONE**

City State Zip Code  
**RIVER FOREST IL 60305-2022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ORTHODONTIST

Aggregate Year-to-Date ▼

**850.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13948160

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**351.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 743 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NORMAN L. GARCIA

Mailing Address 924 E AGAPE AVE

City

SAN JACINTO

State

CA

Zip Code

92583-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948663

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NORMAN L. GARCIA

Mailing Address 924 E AGAPE AVE

City

SAN JACINTO

State

CA

Zip Code

92583-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949134

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SELIA C. GARCIA

Mailing Address 10463 HIGHWAY 36 N

City

BELLVILLE

State

TX

Zip Code

77418-5333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950908

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DELPHA G. GARD

Mailing Address 9 HOSPITAL DR APT 221  
APARTMENT 221

City State Zip Code  
CANYON TX 79015-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953560

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEVE GARDES

Mailing Address 108 LAKESIDE DR

City State Zip Code  
LAFAYETTE LA 70508-7012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DARNALL, SIKES, GARDES,  
AND FREDERICK

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958416

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN J. GARDNER

Mailing Address 4415 WILDWOOD RD.

City State Zip Code  
MEMPHIS TN 38135-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945317

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

186.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ED E. GARDNER

Mailing Address 801 GILLASPIE DR. APT. 270

City

BOULDER

State

CO

Zip Code

80305-6552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933255

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ED E. GARDNER

Mailing Address 801 GILLASPIE DR. APT. 270

City

BOULDER

State

CO

Zip Code

80305-6552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941184

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NANCY GARDNER

Mailing Address 425 FERRY LANE

City

CHURUBUSCO

State

IN

Zip Code

46723-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RYAN CARDIOLOGY

Occupation  
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964264

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

236.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CATHY GARMS

Mailing Address 26302 JUDY CIR

City

ROMULUS

State

MI

Zip Code

48174-9431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932774

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CATHY GARMS

Mailing Address 26302 JUDY CIR

City

ROMULUS

State

MI

Zip Code

48174-9431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933395

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CATHY GARMS

Mailing Address 26302 JUDY CIR

City

ROMULUS

State

MI

Zip Code

48174-9431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948133

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

91.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 747 / 3187**  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. GARNER

Mailing Address 1107 N CENTRAL AVE

City

ALEXANDRIA

State

IN

Zip Code

46001-9491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944175

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANNY L. GARNER

Mailing Address 1778 COUNTY ROAD 1790 E

City

CROSSVILLE

State

IL

Zip Code

62827-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959828

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROSEANNE GARNSEY

Mailing Address 1926 23RD AVE

City

GREELEY

State

CO

Zip Code

80634-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955222

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROSEANNE GARNSEY

Mailing Address 1926 23RD AVE

City

GREELEY

State

CO

Zip Code

80634-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964092

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KAY M. GARRARD

Mailing Address 334 TEX ST.

City

MESQUITE

State

NV

Zip Code

89027-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935726

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KAY M. GARRARD

Mailing Address 334 TEX ST.

City

MESQUITE

State

NV

Zip Code

89027-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944421

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KAY M. GARRARD

Mailing Address 334 TEX ST.

City

MESQUITE

State

NV

Zip Code

89027-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959645

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KAY M. GARRARD

Mailing Address 334 TEX ST.

City

MESQUITE

State

NV

Zip Code

89027-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972749

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HELEN W. GARRETT

Mailing Address 306 OLD OAK RD.

City

HENRICO

State

VA

Zip Code

23229-7536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933195

Amount of Each Receipt this Period

681.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

716.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LAWRENCE GARRETT

Mailing Address 1881 N NASH ST, UNIT 1211

City

ARLINGTON

State

VA

Zip Code

22209-1568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERNST & YOUNG

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932241

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THE HONORA SCOTT GARRETT

Mailing Address 93 SPRING STREET

City

NEWTON

State

NJ

Zip Code

07860-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965641

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BEN L. GARRIS

Mailing Address 15416 LA. HWY 10

City

ST FRANCISVILLE

State

LA

Zip Code

70775-4753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972037

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
BRUCE GARRISON

Mailing Address 7 NOEL DR.

City State Zip Code  
OSSINING NY 10562-5301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940961

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DAN GARRISON

Mailing Address P.O. BOX 605

City State Zip Code  
SALEM UT 84653-0605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955147

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. ELISABETH W. GARRISON

Mailing Address 6300 CARMEL FALLS CT

City State Zip Code  
MCKINNEY TX 75070-8768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970020

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

410.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LORI B. GARRIS

Mailing Address 159 CHESTNUT HILL RD

City

LITCHFIELD

State

CT

Zip Code

06759-4132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951542

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE L. GARTLAND

Mailing Address 55 E TRILLIUM CIR

City

SPRING

State

TX

Zip Code

77381-6003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941033

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ADALBERTO GARZA

Mailing Address 210 SOUTH MAIN

City

DONNA

State

TX

Zip Code

78537-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931796

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

211.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 753 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LUDA GASHENKO

Mailing Address 2247 SORBUS WAY

City

ANCHORAGE

State

AK

Zip Code

99508-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966692

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LUDA GASHENKO

Mailing Address 2247 SORBUS WAY

City

ANCHORAGE

State

AK

Zip Code

99508-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13967268

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LUDA GASHENKO

Mailing Address 2247 SORBUS WAY

City

ANCHORAGE

State

AK

Zip Code

99508-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13967271

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRUNO R. GASPARI

Mailing Address 7501 AGNEW AVE

City

LOS ANGELES

State

CA

Zip Code

90045-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964621

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SANDRA GASPER

Mailing Address 535 E CAMINO REAL AVE

City

ARCADIA

State

CA

Zip Code

91006-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952243

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA L. GASS

Mailing Address 1305 N HIGHLANDS PKWY APT E4

City

TACOMA

State

WA

Zip Code

98406-2131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960524

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN GASSAWAY

Mailing Address 1623 ADAMS LN

City

STARKVILLE

State

MS

Zip Code

39759-8571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943699

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. VALERIE GAST

Mailing Address 245 GRACE DR

City

SOUTH PASADENA

State

CA

Zip Code

91030-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954100

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOYD GASTINEAU

Mailing Address 3996 W COUNTY ROAD 675 N

City

FREETOWN

State

IN

Zip Code

47235-9563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971783

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID R. GATES

Mailing Address 815 LANCASHIRE DR APT 11  
APARTMENT 11

City State Zip Code  
EDWARDSVILLE IL 62025-3859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933941

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MAURICE P. GAUDET, III

Mailing Address 538 REDBUD LN.

City State Zip Code  
SLIDELL LA 70460-5267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J&M INDUSTRIES INC

Occupation  
PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936094

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MAURICE P. GAUDET, III

Mailing Address 538 REDBUD LN.

City State Zip Code  
SLIDELL LA 70460-5267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J&M INDUSTRIES INC

Occupation  
PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949731

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA S. GAUNTT

Mailing Address 203 EARLEY ST APT Q

City

HARDIN

State

IL

Zip Code

62047-9620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933184

Amount of Each Receipt this Period

6.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDGAR MURRAY GAY

Mailing Address 501 GREEN ACRES DR SW

City

HARTSELLE

State

AL

Zip Code

35640-3846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940568

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDGAR MURRAY GAY

Mailing Address 501 GREEN ACRES DR SW

City

HARTSELLE

State

AL

Zip Code

35640-3846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944250

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

61.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. EDGAR MURRAY GAY**

Mailing Address **501 GREEN ACRES DR SW**

City State Zip Code  
**HARTSELLE AL 35640-3846**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**761.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952174

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. EDGAR MURRAY GAY**

Mailing Address **501 GREEN ACRES DR SW**

City State Zip Code  
**HARTSELLE AL 35640-3846**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**761.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963009

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. DONALD H. GAYLOR**

Mailing Address **3761 DEVONSHIRE RD**

City State Zip Code  
**ALLENTOWN PA 18103-9628**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**426.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945677

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**71.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DONALD H. GAYLOR

Mailing Address 3761 DEVONSHIRE RD

City

ALLENTOWN

State

PA

Zip Code

18103-9628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946831

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DONALD H. GAYLOR

Mailing Address 3761 DEVONSHIRE RD

City

ALLENTOWN

State

PA

Zip Code

18103-9628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963629

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RUTH L. GEALY

Mailing Address 1978 690TH ROAD

City

GORDON

State

NE

Zip Code

69343-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944095

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 760 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. RUTH L. GEALY

Mailing Address 1978 690TH ROAD

City State Zip Code  
GORDON NE 69343-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944153

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. RUTH L. GEALY

Mailing Address 1978 690TH ROAD

City State Zip Code  
GORDON NE 69343-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952701

Amount of Each Receipt this Period

85.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. RUTH L. GEALY

Mailing Address 1978 690TH ROAD

City State Zip Code  
GORDON NE 69343-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969272

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**J. MICHAEL GEARON**

Mailing Address **4476 WOODLAND BROOK DR**

City State Zip Code  
**ATLANTA GA 30339-5365**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 09 / 2010**

**Transaction ID: SA11.13967191**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**KATHY GEDNALSKE**

Mailing Address **12708 BICKERSTAFF DRIVE**

City State Zip Code  
**BAKERSFIELD CA 93311-8555**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13928949**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. SAM GEDULDIG**

Mailing Address **1519 PATHFINDER LANE**

City State Zip Code  
**MCLEAN VA 22101-3509**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CLARK LYTTLE & GEDULDIG**

Occupation  
**PARTNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**10 / 15 / 2010**

**Transaction ID: SA11.13932335**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN PUNG GEE

Mailing Address 406 SUSAN LN.

City

CONROE

State

TX

Zip Code

77385-9076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I.V. ASSOCIATES

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941090

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN PUNG GEE

Mailing Address 406 SUSAN LN.

City

CONROE

State

TX

Zip Code

77385-9076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I.V. ASSOCIATES

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971338

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. GEE

Mailing Address 2661 TALLANT RD APT 528  
APARTMENT 528

City

SANTA BARBARA

State

CA

Zip Code

93105-4819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933988

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

520.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. GEE

Mailing Address 2661 TALLANT RD APT 528  
APARTMENT 528

City State Zip Code  
 SANTA BARBARA CA 93105-4819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950765

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DALE GEER

Mailing Address 3756 GLENBROOK LN

City State Zip Code  
 OSHKOSH WI 54904-8517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNEMPLOYED

Occupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949651

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DALE GEER

Mailing Address 3756 GLENBROOK LN

City State Zip Code  
 OSHKOSH WI 54904-8517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNEMPLOYED

Occupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950931

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DALE GEER

Mailing Address 3756 GLENBROOK LN

City

OSHKOSH

State

WI

Zip Code

54904-8517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952394

Amount of Each Receipt this Period

12.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ELTON E. GEESLIN

Mailing Address 118 WOODHAVEN COURT

City

RED OAK

State

TX

Zip Code

75154-6008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959111

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS G. GEHRING

Mailing Address 1534 17TH STREET  
SUITE 202

City

SANTA MONICA

State

CA

Zip Code

90404-3453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMAS G. GEHRING & ASSOC.

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942509

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5032.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN E. GEIS, SR.

Mailing Address 2195 TORREY GLN

City

ESCONDIDO

State

CA

Zip Code

92026-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEIGHBORHOOD HEALTHCARE

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940849

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN E. GEIS, SR.

Mailing Address 2195 TORREY GLN

City

ESCONDIDO

State

CA

Zip Code

92026-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEIGHBORHOOD HEALTHCARE

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954973

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY L. GEISER

Mailing Address 212 MORNINGSIDE DRIVE

City

MANHATTAN BEACH

State

CA

Zip Code

90266-6444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEDGEWOOD ENTERPRISE CORP.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928410

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 766 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. GREGORY L. GEISER

Mailing Address 212 MORNINGSIDE DRIVE

City	State	Zip Code
MANHATTAN BEACH	CA	90266-6444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEDGEWOOD ENTERPRISE CORP.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13957946

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
JOHN F. GEISER

Mailing Address 4231 RAWLINS ST APT 20

City	State	Zip Code
DALLAS	TX	75219-2772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Transaction ID: SA11.13965646

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. GERALD L. GEISLER

Mailing Address 1697 POWDERHORN DR

City	State	Zip Code
NEWTOWN	PA	18940-9425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRISTOL MYERS SQUIBB CORPOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944443

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

25330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANE GELDERMANN

Mailing Address 2500 INDIGO LN UNIT 222

City

GLENVIEW

State

IL

Zip Code

60026-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955602

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN GEMMER

Mailing Address 13719 N 560 E

City

SYRACUSE

State

IN

Zip Code

46567-7203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968871

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GORDON F. GENET

Mailing Address 5614 15TH AVE APT 4E

City

BROOKLYN

State

NY

Zip Code

11219-4725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942313

Amount of Each Receipt this Period

95.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. VINCENT GENOVESE**

Mailing Address **400 BURKLEY DRIVE**

City State Zip Code  
**GREENVILLE KY 42345-2106**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MUHLENBERY COMMUNITY HOSP-  
ITAL**

Occupation  
**ORTHOPEDIC SURGEON**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**800.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13957994

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. YOLANDA Y. GENTRY**

Mailing Address **416 SOUTH MASSACHUSETTS STREET**

City State Zip Code  
**WINFIELD KS 67156**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

**11 / 17 / 2010**

Transaction ID: SA11.13969877

Amount of Each Receipt this Period

**160.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DELBERT GEORGE**

Mailing Address **13104 COLE LN**

City State Zip Code  
**LEXINGTON MO 64067-8156**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**551.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943651

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**710.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DELBERT GEORGE**

Mailing Address **13104 COLE LN**

City State Zip Code  
**LEXINGTON MO 64067-8156**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**551.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956656

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. LLOYD F. GEORGE**

Mailing Address **46 HAMILTON LN**

City State Zip Code  
**PLAINSBORO NJ 08536-1126**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**245.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928987

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. RON GERANOE**

Mailing Address **1151 ROXBORO COVE NE**

City State Zip Code  
**ATLANTA GA 30324-2909**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13931339

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**275.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ERIC GERBER

Mailing Address 7951 ANGLETON CT

City State Zip Code  
LORTON VA 22079-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPRESSIONS MARKETING SUR-  
VEYS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937383

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ERIC GERBER

Mailing Address 7951 ANGLETON CT

City State Zip Code  
LORTON VA 22079-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPRESSIONS MARKETING SUR-  
VEYS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945701

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS GERBIG

Mailing Address 1208 11TH AVE NE

City State Zip Code  
FARIBAULT MN 55021-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959112

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY E. GERGESHA**

Mailing Address **23785 N SHORE DR**

City State Zip Code  
**EDWARDSBURG MI 49112-9524**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945944

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**RADM. H. E. GERHARD, JR.**

Mailing Address **124 PONY DR**

City State Zip Code  
**FREEDOM PA 15042-2828**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946356

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MARK GERHART**

Mailing Address **177 JOAN DR.**

City State Zip Code  
**COLLEGEVILLE PA 19426-1959**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOCIAL SECURITY ADMINISTR-  
ATION**

Occupation  
**TECHNICAL EXPERT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930416

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK GERHART

Mailing Address 177 JOAN DR.

City

COLLEGEVILLE

State

PA

Zip Code

19426-1959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOCIAL SECURITY ADMINISTR-  
ATION

Occupation

TECHNICAL EXPERT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945929

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LAURA M. GESICKI-WOOD

Mailing Address 6498 CORY PL

City

SPRINGFIELD

State

VA

Zip Code

22150-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941009

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE W. GESS

Mailing Address 5300 STARRY CT

City

FORT WORTH

State

TX

Zip Code

76123-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARY SULLINGS, MD

Occupation

PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956209

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

451.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. GESSLER

Mailing Address 4902 CRANBERRY RD

City

HARSHAW

State

WI

Zip Code

54529-9724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950217

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. GESSLER

Mailing Address 4902 CRANBERRY RD

City

HARSHAW

State

WI

Zip Code

54529-9724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964918

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK A. GIALLORENZI

Mailing Address 204 ABBEY DR

City

SOUTH ABINGTON TOW

State

PA

Zip Code

18411-8871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY ORAL & MISC FACIAL  
SURGERY

Occupation  
ORAL SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930022

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**PETER GIAMBASTIANI**

Mailing Address **600 NEW HAMPSHIRE AVE, NW**

City State Zip Code  
**WASHINGTON DC 20037-2403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLANK ROME GOVERNMENT REL-  
 ATIONS**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13959391

Amount of Each Receipt this Period

**42.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MARIO GIANNASI**

Mailing Address **220 LAUREL ST. APT. 2**

City State Zip Code  
**WAUKEE IA 50263-8526**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950534

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. EILEEN GIBBS**

Mailing Address **8652 JOYZELLE AVE**

City State Zip Code  
**GARDEN GROVE CA 92841-1549**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**860.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945396

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**127.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARRY M. GIBBS

Mailing Address 5695 BERWICK AVE NE

City

CANTON

State

OH

Zip Code

44721-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13932932

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARRY M. GIBBS

Mailing Address 5695 BERWICK AVE NE

City

CANTON

State

OH

Zip Code

44721-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971495

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL E. GIBBS

Mailing Address 325 W LYNWOOD AVE

City

SAN ANTONIO

State

TX

Zip Code

78212-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CATTLE RANCHER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13953364

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

206.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 776 / 3187**  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**MRS. STEPHANIE GIBREE**

Mailing Address **190 CROSS ST**

City

**BOYLSTON**

State

**MA**

Zip Code

**01505-1009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13962682**

Amount of Each Receipt this Period

**110.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)

**MR. MARVIN A. GIBSON**

Mailing Address **5107 DAVENTRY PLACE**

City

**MIDLAND**

State

**TX**

Zip Code

**79705-2816**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**236.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13957081**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)

**MS. PEGGY M. GIDEON**

Mailing Address **4320 FOREST HILL DR  
UNIT 113**

City

**FAIRFAX**

State

**VA**

Zip Code

**22030-5767**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**590.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13957015**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**345.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DUANE GIER

Mailing Address 907 HILLSIDE TER.

City

BRANDON

State

FL

Zip Code

33511-5531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931792

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EUGENE C. GIES

Mailing Address 8933 STARK RD

City

ANNANDALE

State

VA

Zip Code

22003-3966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935511

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. GIESE

Mailing Address P.O. BOX 581

City

CLOVIS

State

NM

Zip Code

88102-0581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REAL ESTATE

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960187

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

320.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

YALE GIESZL

Mailing Address 5 FLYING MANE ROAD

City

ROLLING HILLS

State

CA

Zip Code

90274-5238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964564

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CHERYL E. GIFFIN

Mailing Address 8 DODGE PL

City

GROSSE POINTE

State

MI

Zip Code

48230-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938584

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALFRED G. GILBERT

Mailing Address 100 JOY LN

City

ROCHESTER

State

NY

Zip Code

14617-1471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951341

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BILLIE R. GILBERT

Mailing Address 280 RIM ROCK RD

City

KERRVILLE

State

TX

Zip Code

78028-7576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931617

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDITH GILBERT

Mailing Address 4028 E MERCER WAY

City

MERCER ISLAND

State

WA

Zip Code

98040-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935679

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL D. GILBERT

Mailing Address 7752 GAMID DR

City

SPRINGFIELD

State

VA

Zip Code

22153-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CFP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954855

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. MICHAEL D. GILBERT

Mailing Address 7752 GAMID DR

City State Zip Code  
 SPRINGFIELD VA 22153-2215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 CFP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954866

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. MICHAEL D. GILBERT

Mailing Address 7752 GAMID DR

City State Zip Code  
 SPRINGFIELD VA 22153-2215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 CFP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954867

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. TOM GILBERTSON

Mailing Address 500 COUNTY RD.

City State Zip Code  
 WATSON MN 56295-5000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969036

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 781 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID R. GILDEA**

Mailing Address **435 HERMOSA WAY**

City State Zip Code  
**MENLO PARK CA 94025-5823**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**202.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13932743

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. FRANKLIN D. GILE**

Mailing Address **7027 GASKIN PL**

City State Zip Code  
**RIVERSIDE CA 92506-5615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13951793

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**CHRIS M. GILES**

Mailing Address **724 PASCHAL DR.**

City State Zip Code  
**LAFAYETTE CO 80026-1288**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SEAGATE TECH**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950328

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**276.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 782 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARLTON E. GILLAM

Mailing Address 408 LEXBRIDGE LN

City

BALLWIN

State

MO

Zip Code

63011-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955070

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELAINE TROUP GILLESPIE

Mailing Address 4908 SARATOGA CIR SE

City

BROWNSBORO

State

AL

Zip Code

35741-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958834

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEROY GILLESPIE

Mailing Address 410 SW CRESTVIEW STREET  
APARTMENT C4

City

PULLMAN

State

WA

Zip Code

99163-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13947502

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. M. GILLESPIE

Mailing Address 108 CARTER OAKS DR

City

ANDERSON

State

SC

Zip Code

29621-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935779

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. M. GILLESPIE

Mailing Address 108 CARTER OAKS DR

City

ANDERSON

State

SC

Zip Code

29621-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971357

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VETA GILLENWATERS

Mailing Address P.O. BOX 8459

City

SEMINOLE

State

FL

Zip Code

33775-8459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966871

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 784 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. LUTHER R. GILLIAM

Mailing Address 36 FOXTAIL DR.

City	State	Zip Code
PORT DEPOSIT	MD	21904-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935782

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. LUTHER R. GILLIAM

Mailing Address 36 FOXTAIL DR.

City	State	Zip Code
PORT DEPOSIT	MD	21904-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946668

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. MARGARET BASS GILLIN

Mailing Address 77 OLD CHIMNEY RD

City	State	Zip Code
MOUNT KISCO	NY	10549-4046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964433

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OTIS GILLILAND

Mailing Address 3715 E. CLARK COURT

City

WICHITA

State

KS

Zip Code

67218-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934971

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. OTIS GILLILAND

Mailing Address 3715 E. CLARK COURT

City

WICHITA

State

KS

Zip Code

67218-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937232

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OTIS GILLILAND

Mailing Address 3715 E. CLARK COURT

City

WICHITA

State

KS

Zip Code

67218-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958457

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

52.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAROLD GILMORE

Mailing Address 3665 S COUNTY RD 300 E

City

LIBERTY

State

IN

Zip Code

47353-9332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933049

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUSAN GILMORE

Mailing Address 333 WALNUT PLAIN RD.

City

ROCHESTER

State

MA

Zip Code

02770-4029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945996

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY A. GIOIA

Mailing Address 7230 N 41ST ST

City

AUGUSTA

State

MI

Zip Code

49012-9662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951941

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 787 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. CHRIS GIROUARD

Mailing Address 1724 E 29TH ST.

City	State	Zip Code
TULSA	OK	74114-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINEMAKER

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13951058

Amount of Each Receipt this Period

500.00

CONTRIBUTION

INFORMATION REQUESTED PER BEST EFFORTS

**B.**Full Name (Last, First, Middle Initial)  
TED GITTENS

Mailing Address 1260 N JOHNSON ST

City	State	Zip Code
KAHOKA	MO	63445-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956982

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. D. WAYNE GITTINGERMailing Address 1420 5TH AVE. STE. 4100  
SUITE 4100

City	State	Zip Code
SEATTLE	WA	98101-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LANE POWELLOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946818

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

652.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 788 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. REBECCA S. GLADE**

Mailing Address **2412 180TH TRL**

City State Zip Code  
**GUTHRIE CENTER IA 50115-8523**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965157

Amount of Each Receipt this Period

**155.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. THERESA A. GLASCOCK**

Mailing Address **2152 1ST AVENUE SW**

City State Zip Code  
**MINOT ND 58701-3429**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PLANET PIZZA**

Occupation

**KITCHEN MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**670.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: SA11.13969298

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DELBERT E. GLASER**

Mailing Address **31997 SAND RIDGE RD.**

City State Zip Code  
**LEBANON OR 97355-9232**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941624

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**356.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 789 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. NICK GLEASON

Mailing Address 1105 S COUNTRY CLUB RD

City	State	Zip Code
STILLWATER	OK	74074-1432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
OGNEOccupation  
INSTRUMENT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931789

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
J L. GLEESON

Mailing Address 2106 OLD BAINBRIDGE RD

City	State	Zip Code
TALLAHASSEE	FL	32303-3905

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939332

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
J L. GLEESON

Mailing Address 2106 OLD BAINBRIDGE RD

City	State	Zip Code
TALLAHASSEE	FL	32303-3905

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952181

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VICTOR B. GLENN

Mailing Address 5715 STONE DR

City

AMARILLO

State

TX

Zip Code

79109-5739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946150

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE V. GLIDDEN

Mailing Address 4132 161ST AVE SE

City

BELLEVUE

State

WA

Zip Code

98006-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938513

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. GLIMM

Mailing Address 120E 81ST ST APT 16E

City

NEW YORK

State

NY

Zip Code

10028-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY AT STONY BROOKOccupation  
MATHEMATICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959994

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 791 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL C. GLOVER

Mailing Address 2708 TIFFANY CT

City

NAPERVILLE

State

IL

Zip Code

60565-3083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955889

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET E. GOATCHER

Mailing Address 7107 S YALE AVE

City

TULSA

State

OK

Zip Code

74136-6308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928915

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE S. GODFREY

Mailing Address 940 GLENBROOK DR NW

City

ATLANTA

State

GA

Zip Code

30318-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942616

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 792 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. EDWARD L. GOEHRING

Mailing Address 5171 CENTENNIAL CREEK VW. NW

City	State	Zip Code
ACWORTH	GA	30102-2175

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949551

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DANIEL GOELZER

Mailing Address 5941 SEARL TER.

City	State	Zip Code
BETHESDA	MD	20816-2022

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PCAOBOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952684

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. KATHLEEN A. GOETSCH

Mailing Address 1513 AUGUSTA LN.

City	State	Zip Code
ATWATER	CA	95301-4900

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
S.C.C.C.D.Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953784

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

261.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN GOFF

Mailing Address 202 ALPINE TRL

City

NEPTUNE CITY

State

NJ

Zip Code

07753-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TROPICONEOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13942534

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARJORIE L. GOFF

Mailing Address 9438 WATTS RD

City

BATON ROUGE

State

LA

Zip Code

70811-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	1	0

Transaction ID: SA11.13947662

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM E. GOGGIN

Mailing Address 11311 WHISPER GLEN ST.

City

SAN ANTONIO

State

TX

Zip Code

78230-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13937376

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM E. GOGGIN

Mailing Address 11311 WHISPER GLEN ST.

City

SAN ANTONIO

State

TX

Zip Code

78230-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959686

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE JOHN GOHMANN

Mailing Address 702 200TH ST

City

CLEARWATER

State

MN

Zip Code

55320-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEIDNER PLUMBING & HEATINGOccupation  
MECHANICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951551

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ASAF GOLA

Mailing Address 39 CARMINE ST  
APT 1B

City

NEW YORK

State

NY

Zip Code

10014-4495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARGONAUT CAPITAL MANAGEMEOccupation  
TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932097

Amount of Each Receipt this Period

140.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 795 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ASAF GOLA

Mailing Address 39 CARMINE ST  
APT 1B

City State Zip Code  
NEW YORK NY 10014-4495

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ARGONAUT CAPITAL MANAGEME

Occupation  
TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11.13967692

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEO GOLBA

Mailing Address 161 FRANKLIN AVENUE

City State Zip Code  
WEST ORANGE NJ 07052-6045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946825

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARIE GOLDBACH

Mailing Address 103 E 4TH ST

City State Zip Code  
MARATHON WI 54448-9711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959095

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

501.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL GOLDBLATT

Mailing Address 401 9TH STREET N.W.  
SUITE 900

City	State	Zip Code
WASHINGTON	DC	20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON PEABODYOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13968696

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. BRUCE LEONARD GOLDEN

Mailing Address 10375 ECLIPSE WAY

City	State	Zip Code
COLUMBIA	MD	21044-4135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MARYLANDOccupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13937269

Amount of Each Receipt this Period

14.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. GOLDMAN

Mailing Address 401 9TH STREET, NW  
SUITE 900

City	State	Zip Code
WASHINGTON	DC	20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEADBODYOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972719

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

514.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 797 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GRAHAM GOLDSMITH**

Mailing Address **2 VALLEY FORGE ROAD**

City State Zip Code  
**DARIEN CT 06820-2128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BANK OF AMERICA**

Occupation  
**BANKING**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 23 / 2010**

Transaction ID: SA11.13947643

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. EDWARD GOLIK**

Mailing Address **16322 BOSS GASTON RD**

City State Zip Code  
**RICHMOND TX 77498-8531**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROMTEX ENTERPRISES**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13918421

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. STEVEN GOMBOS**

Mailing Address **11350 RANDOM HILLS RD STE 400**

City State Zip Code  
**FAIRFAX VA 22030-7421**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13965446

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**3300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 798 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN K. GOMILLION

Mailing Address 1054 CHATEAU DRIVE

City

HELENA

State

AL

Zip Code

35080-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE CROSS/BLUE SHIELD AL

Occupation

SYSTEMS ANALYST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968197

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. GOMPF

Mailing Address 7427 SOMERSET RD

City

KNOXVILLE

State

TN

Zip Code

37909-2356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968922

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. XAVIER F. GONZALEZ

Mailing Address 34 SHERWOOD FOREST DR

City

ANDOVER

State

NJ

Zip Code

07821-4029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954031

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 799 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DALE D. GOOD

Mailing Address 812 SCHWANGER RD

City	State	Zip Code
ELIZABETHTOWN	PA	17022-9642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEATON CORPORATIONOccupation  
PRODUCTION WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945480

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. F. KEITH GOOD

Mailing Address 311 S MAIN ST

City	State	Zip Code
PERRYTON	TX	79070-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATTORNEY AT LAWOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13947133

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. JOHN GOOD

Mailing Address 8 WEST ST

City	State	Zip Code
FAIRPORT	NY	14450-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13962616

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROGER H. GOODFELLOW

Mailing Address P.O. BOX 127

City

SCRANTON

State

ND

Zip Code

58653-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCRANTON EQUITY

Occupation

GENERL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949609

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WESLEY M. GOODHART

Mailing Address 1859 SKYVIEW DRIVE

City

HEMET

State

CA

Zip Code

92545-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961873

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CALVIN J. GOODMAN

Mailing Address 11901 W SUNSET BLVD  
APT 102

City

LOS ANGELES

State

CA

Zip Code

90049-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928071

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 801 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY GOODRICH

Mailing Address 2600 BARRACKS ROAD - #C9

City

CHARLOTTESVILLE

State

VA

Zip Code

22901-2197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934170

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID F. GOODYEAR

Mailing Address 664 LINCOLN AVE

City

BARBERTON

State

OH

Zip Code

44203-2979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941702

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JUNE GOODYKE

Mailing Address 25205 210TH STREET SW

City

CROOKSTON

State

MN

Zip Code

56716-9152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949353

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

156.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUNE GOODYKE

Mailing Address 25205 210TH STREET SW

City

CROOKSTON

State

MN

Zip Code

56716-9152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953562

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUNE GOODYKE

Mailing Address 25205 210TH STREET SW

City

CROOKSTON

State

MN

Zip Code

56716-9152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965710

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PRISCILLA A. GOODYEAR

Mailing Address 10042 SIGNET CIR.

City

HUNTINGTN BCH

State

CA

Zip Code

92646-6631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTURY 21 BERG REALTY

Occupation  
REAL ESTATE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946859

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

561.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES P. GOOGE, JR.

Mailing Address 6541 ESPALIER CIR.

City

MEMPHIS

State

TN

Zip Code

38119-6648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST HORIZON NATL. CORP.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954807

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CHRISTINA C. GORDON

Mailing Address 61 FOSTER ST.

City

CAMBRIDGE

State

MA

Zip Code

02138-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966762

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CLARENCE V. GORDON

Mailing Address 8329 S LANGLEY AVE

City

CHICAGO

State

IL

Zip Code

60619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933260

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

176.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN GORDON

Mailing Address 1300 ARMY NAVY DR #704

City

ARLINGTON

State

VA

Zip Code

22202-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961139

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM L. GORDON

Mailing Address 820 DOLORES DR

City

SANTA BARBARA

State

CA

Zip Code

93109-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932747

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LYALL GORENSTEIN

Mailing Address 191 TWEED BLVD

City

NYACK

State

NY

Zip Code

10960-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918855

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

851.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 805 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. GORMAN

Mailing Address 2134 E LARKWOOD STREET

City

WEST COVINA

State

CA

Zip Code

91791-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965394

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. J. WARREN GORRELL, JR.

Mailing Address 8014 GREENWICH WOODS DRIVE

City

MCLEAN

State

VA

Zip Code

22102-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOGAN LOVELLS US LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945237

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAJ. CHARLES S. GORTON

Mailing Address 604 CHARLOTTE COURT

City

JACKSON

State

MO

Zip Code

63755-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
MECHANICAL DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956465

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10075.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 806 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MAJ. CHARLES S. GORTON

Mailing Address 604 CHARLOTTE COURT

City

JACKSON

State

MO

Zip Code

63755-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MECHANICAL DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964701

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED U. GOSHE

Mailing Address 190 SAINT FRANCIS AVE APT 118

City

TIFFIN

State

OH

Zip Code

44883-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933952

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED U. GOSHE

Mailing Address 190 SAINT FRANCIS AVE APT 118

City

TIFFIN

State

OH

Zip Code

44883-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949307

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD E. GOSS

Mailing Address 4807 JOHNSON AVE

City

WESTERN SPRGS

State

IL

Zip Code

60558-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935469

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JANET E. GOSS

Mailing Address 1159 SYCAMORE LN

City

CLEARFIELD

State

PA

Zip Code

16830-7156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928342

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TATE GOSS

Mailing Address 12449 E HARVARD DR.

City

AURORA

State

CO

Zip Code

80014-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951080

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT GOTIE

Mailing Address 5352 PROSPECT TERRACE

City

TRUXTON

State

NY

Zip Code

13158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939713

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUZANNE GOTTLIEB

Mailing Address 617 N MAPLE DR.

City

BEVERLY HILLS

State

CA

Zip Code

90210-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948342

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DARWIN W. GOUGH

Mailing Address RR 2 BOX 145A

City

KEYSER

State

WV

Zip Code

26726-9232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINERAL COUNTY BOARD OF  
EDUCATION

Occupation  
PUBLIC SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968214

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KINGDON GOULD, JR.

Mailing Address 1725 DESALES STREET NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20036-4404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOULD PROPERTY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955012

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EWING B. GOURLEY

Mailing Address 1505 E TRAFFICWAY ST.

City State Zip Code  
SPRINGFIELD MO 65802-3174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTH CARE AFFILIATES IN-  
C.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934713

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EWING B. GOURLEY

Mailing Address 1505 E TRAFFICWAY ST.

City State Zip Code  
SPRINGFIELD MO 65802-3174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTH CARE AFFILIATES IN-  
C.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935947

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. COLIN M. GOVAN**

Mailing Address **4106 CHIPPENDALE CT.**

City State Zip Code  
**HAMPTON VA 23666-3602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**470.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13936804**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. BRUCE C. GRABER**

Mailing Address **35 SOUTHGATE DR**

City State Zip Code  
**ANNANDALE NJ 08801-3383**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963571**

Amount of Each Receipt this Period

**51.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. RANDALL GRABLE**

Mailing Address **1965 E MOUNTAIN HOLLOW DR**

City State Zip Code  
**PRESCOTT AZ 86301-5619**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**630.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13957317**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**301.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARIA GRABSKI

Mailing Address 23230 53RD AVE. SE

City

BOTHELL

State

WA

Zip Code

98021-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941682

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER C. GRAF

Mailing Address 35403 ANNS CHOICE WAY

City

WARMINSTER

State

PA

Zip Code

18974-3393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958647

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES V. GRAFF

Mailing Address 14 CANTERBURY CT APT 15

City

BLOOMINGTON

State

IL

Zip Code

61701-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969164

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

191.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. GRAHAM

Mailing Address 4905 RADBROOK PLACE

City

DALLAS

State

TX

Zip Code

75220-3942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALO INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945610

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. GRAHAM

Mailing Address 20001 BIG PINES HWY

City

VALYERMO

State

CA

Zip Code

93563-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968175

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT K. GRAHAM

Mailing Address 1740 DREXEL LAKE DR

City

COLUMBIA

State

SC

Zip Code

29223-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939571

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. ROBERT K. GRAHAM

Mailing Address 1740 DREXEL LAKE DR

City State Zip Code  
COLUMBIA SC 29223-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972754

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. STAN R. GRAHAM

Mailing Address 40586 VIA ESTRADA

City State Zip Code  
MURRIETA CA 92562-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940685

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. STANLEY S. GRAHAM

Mailing Address 5200 N CAMINO SUMO

City State Zip Code  
TUCSON AZ 85718-6046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931393

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 814 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. WILLIAM M. GRAHAM

Mailing Address 2719 CRENSHAW CT.

City State Zip Code  
SALISBURY NC 28144-8412FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WALLACE & GRAHAMOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13966022

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DR. RAZVAN N. GRAMATOVICI

Mailing Address 245 EVERGREEN DRIVE

City State Zip Code  
FRANKLIN PA 16323-1811FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WARREN GENERAL HOSPITALOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947731

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. CHARLES ALLEN GRAMMER

Mailing Address 807 E 3RD ST

City State Zip Code  
LELAND MS 38756-2905FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933077

Amount of Each Receipt this Period

26.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5136.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES ALLEN GRAMMER

Mailing Address 807 E 3RD ST

City

LELAND

State

MS

Zip Code

38756-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955246

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES ALLEN GRAMMER

Mailing Address 807 E 3RD ST

City

LELAND

State

MS

Zip Code

38756-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963968

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

S GRANATH

Mailing Address 2009 PRICE ST.

City

HENDERSON

State

TX

Zip Code

75654-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944866

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BERTIL GRANBORG

Mailing Address P.O. BOX 6695

City

INCLINE VLG

State

NV

Zip Code

89450-6695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1131.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956091

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK F. GRANDONE

Mailing Address 43 CARRIAGE DRIVE

City

TOLLAND

State

CT

Zip Code

06084-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969290

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUG GRANE

Mailing Address 1005 WOBURN COURT

City

WEST MCLEAN

State

VA

Zip Code

22102-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAPTOR STRATEGIES LLC

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1881.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959390

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

284.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

ABIGAIL GRANT

Mailing Address 9230 WISTER DR

City

LA MESA

State

CA

Zip Code

91941-4138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967451

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLOTTE M. GRANT

Mailing Address 6404 21ST. AVE W APT. M310

City

BRADENTON

State

FL

Zip Code

34209-7870

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964651

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLOTTE M. GRANT

Mailing Address 6404 21ST. AVE W APT. M310

City

BRADENTON

State

FL

Zip Code

34209-7870

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13967125

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM GRAVALEC

Mailing Address 1131 BENTLEY DR.

City State Zip Code  
NAPLES FL 34110-8644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956673

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
E. ANN GRAVES

Mailing Address 2219 EAST 45TH PLACE

City State Zip Code  
TULSA OK 74105-4250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945248

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ANTHONY GRAY

Mailing Address 3065 SW MONTEBELLO PL

City State Zip Code  
PALM CITY FL 34990-2635

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948801

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHESTER L. GRAY

Mailing Address 105 FOWLER ROAD

City

GRAFTON

State

NH

Zip Code

03240-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929046

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HORACE A. GRAY, III

Mailing Address 5004 MONUMENT AVENUE SUITE 200  
GRAYCO INC

City

RICHMOND

State

VA

Zip Code

23230-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	0

Transaction ID: SA11.13969925

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. GRAY

Mailing Address 3820 BEECH ST

City

CINCINNATI

State

OH

Zip Code

45227-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941771

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

680.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. GRAY

Mailing Address 3820 BEECH ST

City

CINCINNATI

State

OH

Zip Code

45227-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956730

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARIANNE E. GRAY

Mailing Address 11479 DONA EVITA DR.

City

STUDIO CITY

State

CA

Zip Code

91604-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954685

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOU GRAY

Mailing Address 4507 CORAL BLVD

City

BRADENTON

State

FL

Zip Code

34210-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952318

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

521.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY LOU GRAY**

Mailing Address **4507 CORAL BLVD**

City State Zip Code  
**BRADENTON FL 34210-2102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**236.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956610**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE E. GRAY**

Mailing Address **P.O. BOX 606**

City State Zip Code  
**SOUTH ORLEANS MA 02662-0606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13929320**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MS. STEPHANIE E. GRAY**

Mailing Address **P.O. BOX 606**

City State Zip Code  
**SOUTH ORLEANS MA 02662-0606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13950886**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**120.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SIDNEY R. GRAYBILL

Mailing Address 5940 LEEBEL RD

City

EAST PETERSBURG

State

PA

Zip Code

17520-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950047

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHARLOT A. GRAYSON

Mailing Address 12751 KIAWAH DR

City

CARMEL

State

IN

Zip Code

46033-8375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935611

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GERTRUDE F. GRDEN

Mailing Address 240 S WASHINGTON ST.

City

BALTIMORE

State

MD

Zip Code

21231-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946848

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MRS. GERTRUDE F. GRDEN

Mailing Address 240 S WASHINGTON ST.

City State Zip Code  
BALTIMORE MD 21231-2619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969842

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. MARION J. GRDEN

Mailing Address 240 S WASHINGTON ST

City State Zip Code  
BALTIMORE MD 21231-2619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946849

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MARION J. GRDEN

Mailing Address 240 S WASHINGTON ST

City State Zip Code  
BALTIMORE MD 21231-2619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969843

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. WILLIAM W. GREAVES**

Mailing Address **8851 N BAYSIDE DR**

City State Zip Code  
**BAYSIDE WI 53217-1910**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**965.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944585

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. WILLIAM W. GREAVES**

Mailing Address **8851 N BAYSIDE DR**

City State Zip Code  
**BAYSIDE WI 53217-1910**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**965.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954992

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MILDRED GREBING**

Mailing Address **398 PCR 428**

City State Zip Code  
**FROHNA MO 63748-8113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13965292

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**610.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CONNIE B. GRECO

Mailing Address 4541 WHITE CEDAR LN

City

DELRAY BEACH

State

FL

Zip Code

33445-7036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971604

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL D. GRECZEK

Mailing Address 32711 WALTHAM XING

City

FULSHEAR

State

TX

Zip Code

77441-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BASF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHEMICAL ENGINEER

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940741

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE GREENE

Mailing Address 114 ABBEY LN

City

TELFORD

State

PA

Zip Code

18969-2168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954946

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DONALD GREEN

Mailing Address 220 HARDENBURGH AVENUE

City

DEMAREST

State

NJ

Zip Code

07627-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953128

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DORIS M. GREENDYKE

Mailing Address 17907 PETERSON ROAD

City

PLATTSMOUTH

State

NE

Zip Code

68048-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939722

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEOFFREY GREENER

Mailing Address ONE BRYANT PARK

City

NEW YORK

State

NY

Zip Code

10036-6728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA MERRILL  
LYNCH

Occupation

HEAD OF GLOBAL MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	1	0

Transaction ID: SA11.13966557

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2301.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE M. GREENE

Mailing Address 806 SW 601ST. RD.

City

CHILHOWEE

State

MO

Zip Code

64733-9235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956632

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HOWARD GREENHALGH

Mailing Address 700 SMITH ST APT 246

City

PROVIDENCE

State

RI

Zip Code

02908-3552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967447

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. GREEN

Mailing Address 190 S LA SALLE ST  
STE 3000

City

CHICAGO

State

IL

Zip Code

60603-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROSENTHAL COLLINS GROUP  
LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955011

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. GREENWAY

Mailing Address 108 GREENWAY DR

City

ANDERSON

State

SC

Zip Code

29625-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13970066

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARGARET GREEN

Mailing Address 1712 EAGLE NEST WAY

City

LOUISVILLE

State

KY

Zip Code

40222-3995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963669

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MIRIAM L. GREEN

Mailing Address 7 FREEDOM CT.

City

MONTVILLE

State

NJ

Zip Code

07045-9156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954465

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

115.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MIRIAM L. GREEN

Mailing Address 7 FREEDOM CT.

City

MONTVILLE

State

NJ

Zip Code

07045-9156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965757

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MIRIAM L. GREEN

Mailing Address 7 FREEDOM CT.

City

MONTVILLE

State

NJ

Zip Code

07045-9156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972958

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NANCY P. GREENFIELD

Mailing Address P.O. BOX 13359

City

FORT PIERCE

State

FL

Zip Code

34979-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961386

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J. GREENE

Mailing Address 2817 LENOX ST.

City

TOMS RIVER

State

NJ

Zip Code

08755-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931400

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J. GREENE

Mailing Address 2817 LENOX ST.

City

TOMS RIVER

State

NJ

Zip Code

08755-2550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953240

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT EARL GREEN

Mailing Address 205 LANDFALL ROAD NW

City

ATLANTA

State

GA

Zip Code

30328-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948594

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. RUTH S. GREEN

Mailing Address 2822 SW 5TH ST.

City

BOYNTON BEACH

State

FL

Zip Code

33435-7905

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13951911

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. VERA L. GREEN

Mailing Address P.O. BOX 70

City

SAN JUAN CAPISTRAN

State

CA

Zip Code

92693-0070

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13947455

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VERA L. GREEN

Mailing Address P.O. BOX 70

City

SAN JUAN CAPISTRAN

State

CA

Zip Code

92693-0070

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13967164

Amount of Each Receipt this Period

10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM M. GREEN**

Mailing Address **704 W. LOWELL AVENUE**

City State Zip Code  
**HAVERHILL MA 01832-3426**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**476.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934622

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM M. GREEN**

Mailing Address **704 W. LOWELL AVENUE**

City State Zip Code  
**HAVERHILL MA 01832-3426**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**476.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935962

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID GREESON**

Mailing Address **600 COUNTRY CLUB DRIVE**

City State Zip Code  
**RICHMOND TX 77469-5004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957926

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**301.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 833 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. CLAUDE G. GREGORY

Mailing Address 11382 WYNDHAM CIRCLE

City	State	Zip Code
PICKERINGTON	OH	43147-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13938390

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. CLAUDE G. GREGORY

Mailing Address 11382 WYNDHAM CIRCLE

City	State	Zip Code
PICKERINGTON	OH	43147-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964886

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
DONNA J. GREGORY

Mailing Address 1852 WARREN RD.

City	State	Zip Code
LORENA	TX	76655-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13948487

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

111.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONNA J. GREGORY

Mailing Address 1852 WARREN RD.

City

LORENA

State

TX

Zip Code

76655-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956672

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEITH GREGORY

Mailing Address P.O. BOX 1053

City

SOLANA BEACH

State

CA

Zip Code

92075-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REAL ESTATE

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945872

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NINA J. GREGORY

Mailing Address 14615 NATALIE DR

City

WHITTIER

State

CA

Zip Code

90604-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928886

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NINA J. GREGORY

Mailing Address 14615 NATALIE DR

City

WHITTIER

State

CA

Zip Code

90604-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941122

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NINA J. GREGORY

Mailing Address 14615 NATALIE DR

City

WHITTIER

State

CA

Zip Code

90604-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956847

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NINA J. GREGORY

Mailing Address 14615 NATALIE DR

City

WHITTIER

State

CA

Zip Code

90604-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971317

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. AUGUST GREIDANUS

Mailing Address 501 CUTTERS MILL LN

City

SCHAUMBURG

State

IL

Zip Code

60194-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949614

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. AUGUST GREIDANUS

Mailing Address 501 CUTTERS MILL LN

City

SCHAUMBURG

State

IL

Zip Code

60194-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957329

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP R. GREIPP

Mailing Address 424 10TH AVE SW

City

ROCHESTER

State

MN

Zip Code

55902-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYO CLINICOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13959359

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. JANE T. GREETER**

Mailing Address **4830 KENNETT PIKE APT. 4205**

City State Zip Code  
**WILMINGTON DE 19807-1858**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1160.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13957972

Amount of Each Receipt this Period

**-50.00**

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)  
**MS. BERTHA V. GREULICH**

Mailing Address **79 WATERTOWN ROAD**

City State Zip Code  
**BERLIN MD 21811-1716**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959465

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**RANDY H. GRIDER**

Mailing Address **91 BUTLER DR.**

City State Zip Code  
**RUSSELL SPGS KY 42642-4255**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STEPHENS PIPE AND STEEL  
 LLC**

Occupation  
**TRUCK DRIVER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946037

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**40.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 838 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JOANN M. GRIER**

Mailing Address **415 ROLLING RD**

City State Zip Code  
**SALISBURY MD 21801-7115**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: **SA11.13954061**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. JOANN M. GRIER**

Mailing Address **415 ROLLING RD**

City State Zip Code  
**SALISBURY MD 21801-7115**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: **SA11.13959286**

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES B. GRIFFITTS**

Mailing Address **62 TIMBER OAKS DR**

City State Zip Code  
**MARSHFIELD MO 65706-8229**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: **SA11.13965309**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R. BAXTER GRIFFITH, JR.

Mailing Address 7421 TOMCRIS COURT

City

SPRINGFIELD

State

VA

Zip Code

22153-1355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950450

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10860.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	1	0

Transaction ID: SA11.13966016

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS H. GRIFFITH, M.D.

Mailing Address 104 SCENIC DR. SE

City

HUNTSVILLE

State

AL

Zip Code

35801-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961812

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY W. GRIGGS

Mailing Address 1932 N CALHOUN AVE

City

LIBERAL

State

KS

Zip Code

67901-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIBERAL GASKET MFG W IVA

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932133

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOE GRILLS

Mailing Address P.O. BOX 98

City

RAPIDAN

State

VA

Zip Code

22733-0098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENT MANAGMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952683

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CDR PAT GRILLO, USN

Mailing Address 1330 VICTORIAN CRES

City

VIRGINIA BEACH

State

VA

Zip Code

23454-2249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936147

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 841 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DEBBIE GRIMES

Mailing Address 42876 N BERRONG CT.

City State Zip Code  
WINTHROP HBR IL 60096-1017FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956525

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MS. GEORGENE F. GRIMM

Mailing Address 891 BURGUNDY LN.

City State Zip Code  
MANCHESTER MO 63011-3588FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933083

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. IOSIF GRINZAYD

Mailing Address 435 NEPTUNE AVE., APT. 17H

City State Zip Code  
BROOKLYN NY 11224-5803FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949247

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. IOSIF GRINZAYD**

Mailing Address **435 NEPTUNE AVE., APT. 17H**

City State Zip Code  
**BROOKLYN NY 11224-5803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**208.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952547

Amount of Each Receipt this Period

**16.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ALAN N. GRISEMER**

Mailing Address **38 MADISON DR**

City State Zip Code  
**CARSON CITY NV 89706-0332**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13951698

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. DENNIS GRIZZLE**

Mailing Address **109 WILSHIRE DR**

City State Zip Code  
**VICTORIA TX 77904-1853**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**441.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946305

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**216.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JEANNE M. GROGAN**

Mailing Address **12 FOSSIL HILL RD**

City State Zip Code  
**WEATHERFORD TX 76087-8626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948397

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROY J. GROGAN**

Mailing Address **12 FOSSIL HILL ROAD**

City State Zip Code  
**WEATHERFORD TX 76087-8626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**461.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948398

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**EDWARD S. GROMAN**

Mailing Address **7280 SW LAKESIDE LOOP**

City State Zip Code  
**WILSONVILLE OR 97070-6454**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941016

Amount of Each Receipt this Period

**26.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**28.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 844 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**GARY GROSNER**

Mailing Address **5486 VIA MARINA**

City State Zip Code  
**BUFFALO NY 14221-2839**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956644

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID H. GROSSMAN**

Mailing Address **20570 WEST 8 MILE ROAD**

City State Zip Code  
**SOUTHFIELD MI 48075-5640**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
POLITICAL PRODUCTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13966031

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HARRY GROSSMAN**

Mailing Address **1030 WINTERGREEN TERRACE**

City State Zip Code  
**ROCKVILLE MD 20850-1005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13928550

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1400.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 845 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. GROSS

Mailing Address P.O. BOX 175

City

BARRYVILLE

State

NY

Zip Code

12719-0175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928304

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NORENE GROSSMAN

Mailing Address 1337 KROEGER DR.

City

SAINT LOUIS

State

MO

Zip Code

63135-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954332

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DENNIS GROTH

Mailing Address P.O. BOX 405

City

OAKVILLE

State

CA

Zip Code

94562-0405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GROTH VINEYARDS & WINERY

Occupation

WINEGROWER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13932396

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

390.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 846 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DR. M. GROTHAUS

Mailing Address 442 W HIGH ST # 3

City	State	Zip Code
BRYAN	OH	43506-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID WEST COMMUNITY HEALTH  
ASSOCIATESOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957657

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. JOHN E. GRUENEMEIER

Mailing Address 29 AVENIDA DE LAS NACIONES

City	State	Zip Code
RIO RICO	AZ	85648-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALVATION RESERVE CORP.Occupation  
APPRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955049

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. DONALD G. GRUETT

Mailing Address 3612 SHEPHERD LN

City	State	Zip Code
MANITOWOC	WI	54220-3031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960052

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

526.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAY R. GRUMME

Mailing Address 12577 ROYCE COURT

City

CARMEL

State

IN

Zip Code

46033-2478

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ABOVE ALL PHOTOGRAPHY, LTD

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965640

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CAROL A. GUEDEZ

Mailing Address 121 FAIRMOUNT RD E

City

CALIFON

State

NJ

Zip Code

07830-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ORANGE BUSINESS SERVICES

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951628

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES DAVID GUENTHER

Mailing Address 1622 ADDINGTON DR

City

PRESCOTT

State

AZ

Zip Code

86301-4458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935193

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. GUENTHER

Mailing Address 7920 OAK LEAF CIR

City

CINCINNATI

State

OH

Zip Code

45241-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GE

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928052

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES S. GUENZER

Mailing Address 3852 GROVE AVENUE

City

PALO ALTO

State

CA

Zip Code

94303-4538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935794

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J.G. GUERIN

Mailing Address P.O. BOX 1610

City

REDLANDS

State

CA

Zip Code

92373-0481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNTY OF RIVERSIDE

Occupation  
PRINCIPAL PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944386

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOLORES F. GUESS

Mailing Address 3950 BYRONELL DR N

City

MOBILE

State

AL

Zip Code

36693-5503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971105

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. FANNALOU GUGGISBERG

Mailing Address 21017 N 125TH AVE

City

SUN CITY WEST

State

AZ

Zip Code

85375-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937247

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CLARK L. GUGLER

Mailing Address 1409 FOX RIVER PKWY.

City

WAUKESHA

State

WI

Zip Code

53189-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943278

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY J. GULINO

Mailing Address 4200 OLD COLUMBIA PIKE

City

ANNANDALE

State

VA

Zip Code

22003-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946667

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY J. GULINO

Mailing Address 4200 OLD COLUMBIA PIKE

City

ANNANDALE

State

VA

Zip Code

22003-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953504

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY J. GULINO

Mailing Address 4200 OLD COLUMBIA PIKE

City

ANNANDALE

State

VA

Zip Code

22003-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958541

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 851 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. DEAN GULIS

Mailing Address 1604 HEATHERWOOD DRIVE

City	State	Zip Code
TROY	MI	48098-2687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOOMIS SAYLES & CO.Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935309

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. DEAN GULIS

Mailing Address 1604 HEATHERWOOD DRIVE

City	State	Zip Code
TROY	MI	48098-2687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOOMIS SAYLES & CO.Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957187

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. CHARLES GULLING

Mailing Address 224 BROOKVIEW DR SW

City	State	Zip Code
CANTON	OH	44709-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939756

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. NAOEMI GULLICKSON

Mailing Address 30 W RALEIGH AVE.

City State Zip Code  
STATEN ISLAND NY 10310-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951402

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. KRISTEN GULLOTT

Mailing Address 2405 LESLIE AVENUE

City State Zip Code  
ALEXANDRIA VA 22301-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROWN RUDNICK

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959398

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
LOWELL GUM

Mailing Address 775 SAWMILL RD.

City State Zip Code  
ROCKY COMFORT MO 64861-7209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954093

Amount of Each Receipt this Period

45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

505.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. ERIKA GUMMEL

Mailing Address 123 VALLEY VW.

City State Zip Code  
POMPTON PLNS NJ 07444-2164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946609

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. ERIKA GUMMEL

Mailing Address 123 VALLEY VW.

City State Zip Code  
POMPTON PLNS NJ 07444-2164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949951

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. LINDA GUNGOLL

Mailing Address 1611 OOSAGE AVENUE

City State Zip Code  
ENID OK 73703-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OIL & GAS INVESTING

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961330

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

195.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LINDA GUNGOLL

Mailing Address 1611 OOSAGE AVENUE

City

ENID

State

OK

Zip Code

73703-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

OIL & GAS INVESTING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961904

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY C. GUNN

Mailing Address 17030 CADBURY CIR. UNIT 116  
UNIT 116

City

LEWES

State

DE

Zip Code

19958-7052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952327

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEITH R. GUNTER

Mailing Address 1308 KINGSBURY CT

City

POWDER SPRINGS

State

GA

Zip Code

30127-6933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928867

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

401.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ALBERT W. GUNTHER**

Mailing Address **720 TETE LOURS DR**

City State Zip Code  
**MANDEVILLE LA 70471-1766**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972056

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES F. GUNTHER, JR.**

Mailing Address **P.O. BOX 521**

City State Zip Code  
**CROTON FALLS NY 10519-0521**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946883

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM K. GUPTILL**

Mailing Address **2573 SAN ANDRES WAY**

City State Zip Code  
**CLAREMONT CA 91711-1555**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**BUSINESS CONSULTANT**

Aggregate Year-to-Date ▼

**651.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956574

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**550.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 856 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM K. GUPTILL

Mailing Address 2573 SAN ANDRES WAY

City

CLAREMONT

State

CA

Zip Code

91711-1555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963593

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN E. GURNEY

Mailing Address 161 RED MAPLE WAY

City

NICEVILLE

State

FL

Zip Code

32578-3746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M.T.S.I.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13961134

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERIC P. GUSTAVSON

Mailing Address 3657 CROSS CREEK ROAD

City

MALIBU

State

CA

Zip Code

90265-4929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THROUGHBRED HORSEBREEDER

Occupation

OWNER/MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13942512

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1316.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. GUSTAFSON

Mailing Address 2578 OUTLOOK CV.

City

PORT HUENEME

State

CA

Zip Code

93041-1566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUROM VDM

Occupation

COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940964

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. GUSTAFSON

Mailing Address 2578 OUTLOOK CV.

City

PORT HUENEME

State

CA

Zip Code

93041-1566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUROM VDM

Occupation

COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956392

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHELE GUTE

Mailing Address 112 PORCH LIGHT DRIVE

City

HUXLEY

State

IA

Zip Code

50124-9500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962709

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. HERBERT C. GUTHRIE

Mailing Address 101 FAIRWAY DR.

City

ZEBULON

State

NC

Zip Code

27597-9162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963698

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ADOLFO ARTURO GUZMAN

Mailing Address 12135 ACADEMY RD UNIT 20

City

PHILADELPHIA

State

PA

Zip Code

19154-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATALENT

Occupation  
PACKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941133

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ADOLFO ARTURO GUZMAN

Mailing Address 12135 ACADEMY RD UNIT 20

City

PHILADELPHIA

State

PA

Zip Code

19154-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATALENT

Occupation  
PACKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959534

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADOLFO ARTURO GUZMAN

Mailing Address 12135 ACADEMY RD UNIT 20

City

PHILADELPHIA

State

PA

Zip Code

19154-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATALENT

Occupation  
PACKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971224

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOUIS A. GUZZETTI, JR.

Mailing Address 90 FERRIS HILL RD.

City

NEW CANAAN

State

CT

Zip Code

06840-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPINNAKER COATING, LLC

Occupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947670

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BARBARA C. GWYN

Mailing Address 20 FAIRWAY OAKS LANE

City

ISLE OF PALMS

State

SC

Zip Code

29451-3835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918892

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

149.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY HAAG

Mailing Address 7171 COUNTRY CLUB DR

City

LA JOLLA

State

CA

Zip Code

92037-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929130

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BARBARA HAALAND

Mailing Address 901 AVENIDA LAS VISTAS

City

LOS LUNAS

State

NM

Zip Code

87031-8364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918636

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARTHA R. HAAS

Mailing Address 5000 SW 83RD ST.

City

MIAMI

State

FL

Zip Code

33143-8510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953010

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

355.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALTER HAASE

Mailing Address 6501 WOODLAKE DRIVE  
APARTMENT 305

City State Zip Code  
RICHFIELD MN 55423-1393

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928927

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE HABER

Mailing Address 5 LIMEHOUSE ST

City State Zip Code  
CHARLESTON SC 29401-2305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1751.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933025

Amount of Each Receipt this Period

501.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KINLEY HACK

Mailing Address 2749 WESTERN AVE

City State Zip Code  
BEDFORD IN 47421-5234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962054

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

651.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROL S. HACKETT

Mailing Address 550 HAVEN DR  
APT 305

City State Zip Code  
ARCHBOLD OH 43502-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959441

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD HADDRILL

Mailing Address 9709 WINTER PALACE DR.

City State Zip Code  
LAS VEGAS NV 89145-8637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947021

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGARET D. HADEN

Mailing Address 19596 IRONSIDE DR

City State Zip Code  
APPLE VALLEY CA 92308-9337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947859

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELSA HADIK

Mailing Address 9013B AYRDALE CRES

City

PHILADELPHIA

State

PA

Zip Code

19128-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932119

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK E. HADLEY

Mailing Address 39 TENERIFE WAY

City

HOT SPRINGS

State

AR

Zip Code

71909-5439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972832

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINA HAFEKEN

Mailing Address 305 GREEN HOLLOW DR

City

ISELIN

State

NJ

Zip Code

08830-2922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971013

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HAFEMAN

Mailing Address 22120 N. GOLF CLUB DRIVE

City

SUN CITY WEST

State

AZ

Zip Code

85375-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935194

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HAFEMAN

Mailing Address 22120 N. GOLF CLUB DRIVE

City

SUN CITY WEST

State

AZ

Zip Code

85375-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948826

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY HAFLIGER

Mailing Address 26340 RIC VISTA DR

City

HEMET

State

CA

Zip Code

92544-6764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931622

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY C. HAGAN

Mailing Address 1 CAREY DR

City

AMBLER

State

PA

Zip Code

19002-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970055

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SIDNEY L. HAGAN

Mailing Address 1300 MEADOWVIEW DRIVE

City

MIAMISBURG

State

OH

Zip Code

45342-3210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948517

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RICHARD HAGEDORN

Mailing Address 5054 GRAY RD.

City

CINCINNATI

State

OH

Zip Code

45232-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968235

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

331.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 866 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. DUANE W. HAGER

Mailing Address P.O. BOX 1414

City	State	Zip Code
VICTORVILLE	CA	92393-1414

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966165

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. DUANE W. HAGER

Mailing Address P.O. BOX 1414

City	State	Zip Code
VICTORVILLE	CA	92393-1414

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966246

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. GEORGE J. HAHN

Mailing Address P.O. BOX 4

City	State	Zip Code
THENDARA	NY	13472-0004

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
MACHINE SHOP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13918670

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE J. HAHL

Mailing Address P.O. BOX 4

City

THENDARA

State

NY

Zip Code

13472-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MACHINE SHOP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931384

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN HAHN

Mailing Address 3028 PROVENCE LN

City

MUSCATINE

State

IA

Zip Code

52761-2795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUILDERS SAND AND CEMENT  
CO.

Occupation

MANAGER/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930343

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRIAN HAHN

Mailing Address 3028 PROVENCE LN

City

MUSCATINE

State

IA

Zip Code

52761-2795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUILDERS SAND AND CEMENT  
CO.

Occupation

MANAGER/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949037

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. BRIAN HAHN

Mailing Address 3028 PROVENCE LN

City

MUSCATINE

State

IA

Zip Code

52761-2795

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUILDERS SAND AND CEMENT  
CO.

Occupation

MANAGER/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949668

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DARLEAN L. HAHN

Mailing Address 5259 101ST. RD. NW

City

TIOGA

State

ND

Zip Code

58852-9301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949234

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DARLEAN L. HAHN

Mailing Address 5259 101ST. RD. NW

City

TIOGA

State

ND

Zip Code

58852-9301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959781

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 869 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. HAID

Mailing Address 1511 COLORADO AVE

City

LYNN HAVEN

State

FL

Zip Code

32444-4025

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HAID ELECTRIC

Occupation

ELECTRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13960760

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN R. HAIGHT

Mailing Address P.O. BOX 3811

City

SUNRIVER

State

OR

Zip Code

97707-0811

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950545

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MAC HAIK

Mailing Address 11757 KATY FWY. STE. 1500  
STE 1500

City

HOUSTON

State

TX

Zip Code

77079-1727

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945841

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 870 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. BARRY HAIMES

Mailing Address 21 E POINT LN

City

OLD GREENWICH

State

CT

Zip Code

06870-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAGE ASSET MANAGMENTOccupation  
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944665

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CYNTHIA HALABY

Mailing Address 37 SUNSET DRIVE

City

ENGLEWOOD

State

CO

Zip Code

80113-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13977509

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

JULIE HALCOMB

Mailing Address 7558 W COUNTY ROAD 650 S

City

CONNERSVILLE

State

IN

Zip Code

47331-8643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13918695

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

-825.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES L. HALDER

Mailing Address 14155 510TH ST

City

POCAHONTAS

State

IA

Zip Code

50574-8655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935514

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES L. HALDER

Mailing Address 14155 510TH ST

City

POCAHONTAS

State

IA

Zip Code

50574-8655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954497

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ALTA L. HALE

Mailing Address 105 CLAREMORE CT

City

LITTLE ROCK

State

AR

Zip Code

72227-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931621

Amount of Each Receipt this Period

85.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

245.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRETT M. HALE

Mailing Address 9223 TOWER PINES COVE

City

OOLTEWAH

State

TN

Zip Code

37363-9347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931813

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAYTON HALE

Mailing Address 1718 3RD ST

City

TUSCALOOSA

State

AL

Zip Code

35401-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964414

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JONNIE S. HALE

Mailing Address 1032 E ELM ST

City

HILLSBORO

State

TX

Zip Code

76645-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930097

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MONA D. HALE

Mailing Address 3610 5TH AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938120

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MONA D. HALE

Mailing Address 3610 5TH AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959560

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

STEVEN HALES

Mailing Address 1615 LYTTLETON ST

City

CAMDEN

State

SC

Zip Code

29020-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918876

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. BOB HALEY**

Mailing Address **1095 WINDMILL STREET**

City State Zip Code  
**GRENADA MS 38901-9310**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13960784**

Amount of Each Receipt this Period

**110.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DENNIS R. HALEY**

Mailing Address **1601 AVENUE F**

City State Zip Code  
**LUBBOCK TX 79401-5238**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**OWNER**

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13955870**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HARRY J. HALEY**

Mailing Address **156 A WEST BROADWAY**

City State Zip Code  
**PORT JEFFERSON NY 11777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**RETIRED**

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13946978**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**235.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. LUKE HALINSKI

Mailing Address 101 HEDGEROW WAY

City State Zip Code  
LANSDALE PA 19446-5071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOLUNTEER

Occupation  
VOLUNTEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946196

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
BETTY JEAN HALL

Mailing Address 24790 GRAND TRAVERSE AVE

City State Zip Code  
FLAT ROCK MI 48134-8055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969300

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
HAROLD G. HALL

Mailing Address 20885 HUFFMASTER RD

City State Zip Code  
N FT MYERS FL 33917-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950580

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 876 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HAZEL R. HALL

Mailing Address 511 S. PARK ROAD  
APT 228

City State Zip Code  
SPOKANE VALLEY WA 99212-0556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954860

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HAZEL R. HALL

Mailing Address 511 S. PARK ROAD  
APT 228

City State Zip Code  
SPOKANE VALLEY WA 99212-0556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954972

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD C. HALL

Mailing Address 344 NORTH STREET

City State Zip Code  
GREENWICH CT 06830-3930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937116

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. HALL

Mailing Address 819 CREEK WOOD WAY

City

HOUSTON

State

TX

Zip Code

77024-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXXON MOBIL CORP.

Occupation

FINANCIAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947673

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. HALL

Mailing Address 14388 CANALVIEW DR APT A

City

DELRAY BEACH

State

FL

Zip Code

33484-2678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

941.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944699

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. HALL

Mailing Address 14388 CANALVIEW DR APT A

City

DELRAY BEACH

State

FL

Zip Code

33484-2678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

941.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948822

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 878 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MILDRED L. HALL**

Mailing Address **7255 E BROADWAY RD APT 297**

City State Zip Code  
**MESA AZ 85208-9208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**295.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956566

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. MILDRED L. HALL**

Mailing Address **7255 E BROADWAY RD APT 297**

City State Zip Code  
**MESA AZ 85208-9208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**295.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963395

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. NANCY S. HALL**

Mailing Address **8431 N SHADOW WASH WAY**

City State Zip Code  
**TUCSON AZ 85743-7474**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIBERTY TAX SERVICE**

Occupation  
**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13959376

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1030.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT C. HALL**

Mailing Address **1536 E OVERLOOK RD**

City State Zip Code  
**MONTEREY TN 38574-7207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 08 / 2010**

Transaction ID: SA11.13966739

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. RUTH HALL**

Mailing Address **22806 CHARDONNAY DR. UNIT 1  
UNIT 1**

City State Zip Code  
**DIAMOND BAR CA 91765-4190**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946812

Amount of Each Receipt this Period

**26.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**JOHN HALLAM**

Mailing Address **11204 OLD CLUB RD.**

City State Zip Code  
**ROCKVILLE MD 20852-4535**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935275

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**376.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 880 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL L. HALLAS

Mailing Address 1303 JACKSON ST

City

HOLLYWOOD

State

FL

Zip Code

33019-1521

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954953

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VIRGINIA B. HALLAM

Mailing Address 11204 OLD CLUB RD.

City

ROCKVILLE

State

MD

Zip Code

20852-4535

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949691

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD HALLMAN

Mailing Address 17785 FOOTHILL CT

City

HIDDEN VALLEY LAKE

State

CA

Zip Code

95467-8027

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931363

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 881 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN O. HALLQUIST

Mailing Address P.O. BOX 712

City

LIVERMORE

State

CA

Zip Code

94551-0712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LSTC

Occupation

MECHANICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943361

Amount of Each Receipt this Period

480.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOE A. HALTER

Mailing Address 3587 E DIAMOND DR.

City

VINCENNES

State

IN

Zip Code

47591-6172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931356

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BERNARD H. HAMILTON

Mailing Address 1001 JOSEPHINE CRES

City

VIRGINIA BEACH

State

VA

Zip Code

23464-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947753

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 882 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

C HAMILTON

Mailing Address P.O. BOX 632

City

WEAVERVILLE

State

CA

Zip Code

96093-0632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946316

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. HAMILTON

Mailing Address 2820 W MILL RD.

City

EVANSVILLE

State

IN

Zip Code

47720-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949910

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. HAMILTON

Mailing Address 2820 W MILL RD.

City

EVANSVILLE

State

IN

Zip Code

47720-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950158

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KERN HAMILTON

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City

LOS GATOS

State

CA

Zip Code

95032-3568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941137

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY S. HAMILTON

Mailing Address 1513 NEW PROVIDENCE DRIVE

City

MARYVILLE

State

TN

Zip Code

37803-5931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962197

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL R. HAMILTON

Mailing Address 413 W CREEK ST

City

FREDERICKSBURG

State

TX

Zip Code

78624-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965594

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 884 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS D. HAMILTON

Mailing Address 1505 ELM ST

City

MORGAN CITY

State

LA

Zip Code

70380-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966240

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD HAMM

Mailing Address PO BOX 1032

City

ENID

State

OK

Zip Code

73702-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONTINENTAL RESOURCES INC.

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948210

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. HAMM

Mailing Address 3281 JACKSON ST

City

SAN FRANCISCO

State

CA

Zip Code

94118-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930398

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2775.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. HOWARD F. HAMMACK

Mailing Address 2122 GOLDEN EAGLE DR. W

City State Zip Code  
TALLAHASSEE FL 32312-4036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943761

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. HOWARD F. HAMMACK

Mailing Address 2122 GOLDEN EAGLE DR. W

City State Zip Code  
TALLAHASSEE FL 32312-4036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973003

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT L. HAMMERSCHMIDT

Mailing Address 890 PINE GROVE CT

City State Zip Code  
WHEATON IL 60187-3276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931282

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 886 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANE HAMMOND

Mailing Address 12117 CREEKHAVEN DR

City

DES PERES

State

MO

Zip Code

63131-3824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943548

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANE HAMMOND

Mailing Address 12117 CREEKHAVEN DR

City

DES PERES

State

MO

Zip Code

63131-3824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944354

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANE HAMMOND

Mailing Address 12117 CREEKHAVEN DR

City

DES PERES

State

MO

Zip Code

63131-3824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972849

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 887 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN L. HAMMOND

Mailing Address 7240 W H AVE

City

KALAMAZOO

State

MI

Zip Code

49009-8586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949789

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN L. HAMMOND

Mailing Address 7240 W H AVE

City

KALAMAZOO

State

MI

Zip Code

49009-8586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960210

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. TRISH HAMMONS

Mailing Address 470 COUNTY ROAD 237

City

ARMSTRONG

State

MO

Zip Code

65230-9725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949977

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

380.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 888 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. TRISH HAMMONS

Mailing Address 470 COUNTY ROAD 237

City State Zip Code  
ARMSTRONG MO 65230-9725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957419

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WILTON N. HAMMOND

Mailing Address 3805 CRESTWOOD TERRACE  
# 410

City State Zip Code  
FORT WORTH TX 76107-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940592

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. WILTON N. HAMMOND

Mailing Address 3805 CRESTWOOD TERRACE  
# 410

City State Zip Code  
FORT WORTH TX 76107-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954371

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

620.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 889 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILTON N. HAMMOND**

Mailing Address **3805 CRESTWOOD TERRACE**  
**# 410**

City State Zip Code  
**FORT WORTH TX 76107-1139**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2005.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972139

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**PAULINE HAMOND**

Mailing Address **7201 PROSPECT PL. NE, APT. 232**

City State Zip Code  
**ALBUQUERQUE NM 87110-4244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**389.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936801

Amount of Each Receipt this Period

**90.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**PAULINE HAMOND**

Mailing Address **7201 PROSPECT PL. NE, APT. 232**

City State Zip Code  
**ALBUQUERQUE NM 87110-4244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**389.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946307

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 890 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**PAULINE HAMOND**

Mailing Address **7201 PROSPECT PL. NE, APT. 232**

City State Zip Code  
**ALBUQUERQUE NM 87110-4244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**389.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952966

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**GEOFFREY HAMWAY**

Mailing Address **7112 E. BRONCO DRIVE**

City State Zip Code  
**PARADISE VALLEY AZ 85253-3186**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13955650

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HUGH E. HANAGAN**

Mailing Address **P.O. BOX 1737**

City State Zip Code  
**ROSWELL NM 88202-1737**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**390.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940211

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**470.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 891 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HUGH E. HANAGAN

Mailing Address P.O. BOX 1737

City

ROSWELL

State

NM

Zip Code

88202-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956340

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGRIT G. HANCHER

Mailing Address 508 OLD AUSTIN HWY. APT. 304

City

BASTROP

State

TX

Zip Code

78602-5105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948952

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGRIT G. HANCHER

Mailing Address 508 OLD AUSTIN HWY. APT. 304

City

BASTROP

State

TX

Zip Code

78602-5105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972766

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 892 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JANICE HANCOCK**

Mailing Address **47 SAND CASTLE DR**

City State Zip Code  
**NEBO NC 28761-4729**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965803

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. JEANETTE HANCOCK**

Mailing Address **2353 COUNTY ROAD 1219**

City State Zip Code  
**BLANCHARD OK 73010-2820**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**315.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972816

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. HANES**

Mailing Address **5223 HEATHROW HILLS DR**

City State Zip Code  
**BRENTWOOD TN 37027-6548**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PATH GROUP

Occupation

PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949544

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**300.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 893 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. HANES**

Mailing Address **5223 HEATHROW HILLS DR**

City State Zip Code  
**BRENTWOOD TN 37027-6548**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PATH GROUP**

Occupation  
**PATHOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972831

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. BEA P. HANEY**

Mailing Address **P.O. BOX 86**

City State Zip Code  
**CHIRENO TX 75937-0086**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**535.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957370

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. KIRK HANEY**

Mailing Address **18425 CALLE LA SERRA**

City State Zip Code  
**RANCHO SANTA FE CA 92091-0139**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SG BIOFUELS, INC.**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**7000.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945645

Amount of Each Receipt this Period

**7000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**7275.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 894 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DORIS M. HANKE

Mailing Address 16W320 94TH PL

City

BURR RIDGE

State

IL

Zip Code

60527-6806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942197

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DORIS M. HANKE

Mailing Address 16W320 94TH PL

City

BURR RIDGE

State

IL

Zip Code

60527-6806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	1	0

Transaction ID: SA11.13968414

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PETER J. HANLON

Mailing Address  
45 CALHOUN DR.

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1772.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11A.13977530

Amount of Each Receipt this Period

1772.66

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

SUBTOTAL of Receipts This Page (optional) .....

1872.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 895 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CECIL W. HANNAFORD

Mailing Address 1940 TRUMBULL DR.

City

ATLANTA

State

GA

Zip Code

30338-4329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939137

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARTHA N. HANNA

Mailing Address 2154 CIRCULAR RD

City

TOLEDO

State

OH

Zip Code

43614-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934284

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARTHA N. HANNA

Mailing Address 2154 CIRCULAR RD

City

TOLEDO

State

OH

Zip Code

43614-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953265

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

106.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 896 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. MARTHA N. HANNA

Mailing Address 2154 CIRCULAR RD

City State Zip Code  
TOLEDO OH 43614-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971302

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. MITCHELL J. HANNA

Mailing Address 22410 EGBERT HILL RD

City State Zip Code  
GRASS VALLEY CA 95949-8997

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUTTER HEALTH

Occupation  
HOSPITAL ADAUNISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963668

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MISS PEGGY HANNA

Mailing Address 232 ARGO AVE

City State Zip Code  
SAN ANTONIO TX 78209-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960630

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

155.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 897 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MISS PEGGY HANNA

Mailing Address 232 ARGO AVE

City State Zip Code  
SAN ANTONIO TX 78209-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973221

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
ARLENE R. HANSEN

Mailing Address 460 BASELINE RD.

City State Zip Code  
WALNUT IL 61376-9604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934841

Amount of Each Receipt this Period

160.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. CHARLES E. HANSEN

Mailing Address 313 N TAYLOR ST.

City State Zip Code  
GUNNISON CO 81230-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949635

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 898 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EMIL HANSEN

Mailing Address 15705 14TH ST. SE

City

HUNTER

State

ND

Zip Code

58048-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964412

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE HANSEN

Mailing Address 1607 YALECREST AVE

City

SALT LAKE CITY

State

UT

Zip Code

84105-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955850

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAL T. HANSEN

Mailing Address 5000 ROYAL MARCO WAY UNIT 635  
APT. 635

City

MARCO ISLAND

State

FL

Zip Code

34145-7802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948936

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 899 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. J ARTHUR HANSEN

Mailing Address 95 SKIDAWAY ISLAND PARK RD  
UNIT 50

City State Zip Code  
SAVANNAH GA 31411-1123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955042

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

J. ARTHUR HANSEN

Mailing Address 95 SKIDAWAY ISLAND PARK RD UNI

City State Zip Code  
SAVANNAH GA 31411-1116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961696

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. POLLY B. HANSEN

Mailing Address 220 ROBLEDO VERDE ST

City State Zip Code  
SAN ANTONIO TX 78232-1114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MTS RADIOLOGY ASSOC

Occupation  
RADIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933022

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

401.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 900 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. HANSON

Mailing Address 1803 SPRINGVIEW DR

City

MASON CITY

State

IA

Zip Code

50401-4761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERCY MED CENTER NORTH IO-  
WA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945276

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN C. HANSON, II

Mailing Address 2101 FAIRFAX ST

City

COLLEGE STATION

State

TX

Zip Code

77845-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEXAS A&M

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939188

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN C. HANSON, II

Mailing Address 2101 FAIRFAX ST

City

COLLEGE STATION

State

TX

Zip Code

77845-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEXAS A&M

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969228

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 901 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MICHAEL HANSON**

Mailing Address

**325 7TH ST. NW SUITE 400**

City

**WASHINGTON**

State

**DC**

Zip Code

**20004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**C2 GROUP LLC**

Occupation  
**PARTNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11A.13977527**

Amount of Each Receipt this Period

**250.00**

**IN-KIND CONTRIBUTION**

**IN-KIND: FOOD AND BEVERAGE**

**B.**

Full Name (Last, First, Middle Initial)  
**R. ALAN HANSON**

Mailing Address **1265 PASEO REDONDO**

City

**BURBANK**

State

**CA**

Zip Code

**91501-1654**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**740.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931485**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD C. HANSON**

Mailing Address **2084 DESOTO ST**

City

**MAPLEWOOD**

State

**MN**

Zip Code

**55117-2010**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**476.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13932609**

Amount of Each Receipt this Period

**51.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**401.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 902 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. HANSON

Mailing Address 2084 DESOTO ST

City

MAPLEWOOD

State

MN

Zip Code

55117-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946540

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. HANSON

Mailing Address 2084 DESOTO ST

City

MAPLEWOOD

State

MN

Zip Code

55117-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972752

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY E. HANTHORN

Mailing Address 1317 E 6TH. ST.

City

PELLA

State

IA

Zip Code

50219-1352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICROSOFT CORP.

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959662

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN H. HARDAWAY, II

Mailing Address 8301 BIG SHINN RD.

City

MIDLAND

State

GA

Zip Code

31820-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944694

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS D. HARDEMAN

Mailing Address 104 OAKWATER DR

City

LAFAYETTE

State

LA

Zip Code

70503-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928116

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ADELE HARDIN

Mailing Address 9224 WESTION DRIVE

City

BRENTWOOD

State

TN

Zip Code

37027-7498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947740

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 904 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES P. HARDING

Mailing Address 230 INGLEWOOD DR

City

MORGANTON

State

NC

Zip Code

28655-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937200

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES P. HARDING

Mailing Address 230 INGLEWOOD DR

City

MORGANTON

State

NC

Zip Code

28655-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948587

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. HARDIN, JR.

Mailing Address 2330 BEAU CHENE

City

BILOXI

State

MS

Zip Code

39532-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951132

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1090.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 905 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN C. HARDIN, JR.

Mailing Address 410 BRIARWOOD DRIVE

City

SHREVEPORT

State

LA

Zip Code

71106-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOUISIANA STATE MEDICAL  
SCHOOL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941761

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TIM HARDING

Mailing Address 15696 HARDING RD.

City

BRYAN

State

TX

Zip Code

77807-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARDING ROAD BORING INC.

Occupation  
DITCH-DIGGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13927345

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. EILENE HARDT

Mailing Address 19060 OTTO CT

City

NEW BOSTON

State

MI

Zip Code

48164-9291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955833

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 906 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. HARGRAVE

Mailing Address 20 OLIPHANTS MILL RD

City

SWEDESBORO

State

NJ

Zip Code

08085-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949043

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILHO HARJU

Mailing Address 16 FRANCE ST

City

CARVER

State

MA

Zip Code

02330-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955415

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY HARKNESS

Mailing Address 925 IRVING DR.

City

BURBANK

State

CA

Zip Code

91504-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961878

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 907 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**VICTOR A. HARLAM**

Mailing Address **6551 FALLS CHURCH ST**

City State Zip Code  
**SAN ANTONIO TX 78247-1031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**293.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939841

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**WILLIAM M. HARLAN**

Mailing Address **118 W MARYLAND AVE APT. 114**

City State Zip Code  
**PHOENIX AZ 85013-1243**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935132

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**WILLIAM M. HARLAN**

Mailing Address **118 W MARYLAND AVE APT. 114**

City State Zip Code  
**PHOENIX AZ 85013-1243**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943638

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**111.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM M. HARLAN

Mailing Address 118 W MARYLAND AVE APT. 114

City

PHOENIX

State

AZ

Zip Code

85013-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948825

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM M. HARLAN

Mailing Address 118 W MARYLAND AVE APT. 114

City

PHOENIX

State

AZ

Zip Code

85013-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971358

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM M. HARLAN

Mailing Address 118 W MARYLAND AVE APT. 114

City

PHOENIX

State

AZ

Zip Code

85013-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972144

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 909 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW HARMAN

Mailing Address 4308 BECKLEY RD.

City

BATTLE CREEK

State

MI

Zip Code

49015-9386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936096

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DARROW O. HARMAN

Mailing Address P.O. BOX 218

City

TAZEWELL

State

VA

Zip Code

24651-0218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUCHANAN COAL CO.Occupation  
GENERAL PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945941

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. HARMAN

Mailing Address 3014 23RD STREET

City

LUBBOCK

State

TX

Zip Code

79410-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941816

Amount of Each Receipt this Period

175.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 910 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. HARMON

Mailing Address 5555 E 71ST STREET  
SUITE 9300

City

TULSA

State

OK

Zip Code

74136-6542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C.E HARMON INC

Occupation

PETROLEUM ENGINEER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13945236

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY W. HARMON

Mailing Address 10 POE ROAD

City

CONWAY

State

AR

Zip Code

72032-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIMENSION TOOL CO.

Occupation

SELF-EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13958262

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EVERETTE HARMON

Mailing Address 305 S SHERIDAN AVE

City

HOLYOKE

State

CO

Zip Code

80734-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

358.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13929395

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2630.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HENRY N. HARMON

Mailing Address 8028 S MARSHALL ST.

City

LITTLETON

State

CO

Zip Code

80128-5857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957285

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH HARNETT

Mailing Address 7065 WICK LN APT 208

City

CHAGRIN FALLS

State

OH

Zip Code

44023-1176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13938905

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TREF HARNOIS

Mailing Address 5057 WHITTIER LN

City

ROCKFORD

State

IL

Zip Code

61114-5410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939363

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

152.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 912 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

JAMES A. HARP

Mailing Address 630 SNUG HARBOR RD

City

GRANT

State

AL

Zip Code

35747-8120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13931454

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANNE M. HARPER

Mailing Address 6257 TELEGRAPH RD. APT. 232

City

BLOOMFIELD

State

MI

Zip Code

48301-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
MUSIC TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930924

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BENNIE HARRELL

Mailing Address 14468 16TH AVE

City

LEMOORE

State

CA

Zip Code

93245-9517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957986

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 913 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JULIE B. HARRELL

Mailing Address 2921 CASON ST.

City

HOUSTON

State

TX

Zip Code

77005-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREATIVE IDEAS

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956051

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS S. HARRELL

Mailing Address PO BOX 208

City

GATESVILLE

State

NC

Zip Code

27938-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRELL MEDICAL TRANSPORT  
INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928888

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY M. HARRIS

Mailing Address 14852 E. CRESTVIEW COURT

City

FOUNTAIN HILLS

State

AZ

Zip Code

85268-3320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966156

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

156.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 914 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CURTIS HARRIS**

Mailing Address **2252 BALDY LN**

City State Zip Code  
**EVERGREEN CO 80439-9444**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13940130**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. DELPHIA P. HARRIS**

Mailing Address **7330 DOGWOOD FALLS ROAD**

City State Zip Code  
**HOUSTON TX 77095-4137**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**245.00**

Date of Receipt

**11 / 08 / 2010**

**Transaction ID: SA11.13966019**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**ELSIE HARRISON**

Mailing Address **2978 W MOR DR**

City State Zip Code  
**CLARKSVILLE TN 37043-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**535.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13934761**

Amount of Each Receipt this Period

**85.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**585.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 915 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. EVA C. HARRIS

Mailing Address P.O. BOX 1333

City

ARDMORE

State

OK

Zip Code

73402-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936515

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK HARRISON

Mailing Address 12901 NORTH WESTERN AVENUE

City

OKLAHOMA CITY

State

OK

Zip Code

73114-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961238

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAJ. FREDERICK W. HARRINGTON

Mailing Address 4221 SEDONA COURT

City

FARMINGTON

State

NM

Zip Code

87401-9280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957278

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2551.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 916 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD HARRIS

Mailing Address 36733 HIGH CHAPARRAL

City

MAGNOLIA

State

TX

Zip Code

77355-2848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951669

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD W. HARRIS

Mailing Address 273 LITTLETON QUARTER

City

WILLIAMSBURG

State

VA

Zip Code

23185-5591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964826

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GRANT HARRIS

Mailing Address 518 W DALLAS ST

City

BROKEN ARROW

State

OK

Zip Code

74012-4029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13955862

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

380.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 917 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HOLT B. HARRISON

Mailing Address 18434 S MISSION HILLS AVE

City

BATON ROUGE

State

LA

Zip Code

70810-7942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933663

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. J. M. HARRIS

Mailing Address 12243 TEPA WAY

City

LOS ALTOS

State

CA

Zip Code

94022-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954799

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JAN E. HARRIS

Mailing Address 1115 EDENHURST CT

City

MONUMENT

State

CO

Zip Code

80132-8484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARY KAY COSMETICSOccupation  
NATIONAL SALES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950642

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 918 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOE R. HARRISON

Mailing Address 404 W MACCLENY AVE

City

MACCLENY

State

FL

Zip Code

32063-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931713

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN HARRIS, III

Mailing Address 921 SHARON DRIVE

City

KINGS MOUNTAIN

State

NC

Zip Code

28086-2735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
LAND DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957631

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEON P. HARRIS

Mailing Address 4943 FOXRIDGE ROAD

City

ROANOKE

State

VA

Zip Code

24018-8714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KILTECH, INC.Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13959344

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 919 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. MYRON L. HARRISON, SR.

Mailing Address 3507 E CREEK CLUB DR

City State Zip Code  
MISSOURI CITY TX 77459-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956272

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
PRESTON M. HARRINGTON, III

Mailing Address 256 VALLEY RD.

City State Zip Code  
MONTCLAIR NJ 07042-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959531

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. R. JEFFREY HARRIS

Mailing Address 18235 W. BURLEIGH ROAD

City State Zip Code  
BROOKFIELD WI 53045-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951150

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 920 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROGER HARRISON

Mailing Address 1425 BROOKDALE DR

City State Zip Code  
NORMAN OK 73072-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF OKLOHOMA

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931365

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RON C. HARRIS

Mailing Address 26701 QUAIL CRK APT 172

City State Zip Code  
LAGUNA HILLS CA 92656-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951373

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS HARRISON

Mailing Address 2 GOSHAWK DRIVE

City State Zip Code  
LANDRUM SC 29356-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945368

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 921 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WALTER D. HARRIS**

Mailing Address **607 DELEGAL ST**

City State Zip Code  
**ST SIMONS IS GA 31522-4313**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**541.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946802

Amount of Each Receipt this Period

**501.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM R. HARRIS, JR.**

Mailing Address **PO BOX 829**

City State Zip Code  
**SALISBURY CT 06068**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13951137

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**PHILIP T. HARSHA**

Mailing Address **677 OAK GLADE DR.**

City State Zip Code  
**FALLBROOK CA 92028-3693**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954795

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1701.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 922 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**WILLIAM DAVID HARSHBARGER**

Mailing Address **10 LOEFFLER RD.**

City State Zip Code  
**BLOOMFIELD CT 06002-2256**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**455.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13943085**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**WILLIAM DAVID HARSHBARGER**

Mailing Address **10 LOEFFLER RD.**

City State Zip Code  
**BLOOMFIELD CT 06002-2256**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**455.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13949057**

Amount of Each Receipt this Period

**60.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**WILLIAM DAVID HARSHBARGER**

Mailing Address **10 LOEFFLER RD.**

City State Zip Code  
**BLOOMFIELD CT 06002-2256**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**455.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13954707**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**140.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 923 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. HARSTE

Mailing Address 1609 WESTERHAM LOOP

City

TRINITY

State

FL

Zip Code

34655-7156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951535

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY D. HART

Mailing Address 4612 RENO RD

City

WELLSVILLE

State

KS

Zip Code

66092-8856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932079

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. HART

Mailing Address 2592 VIENNA ESTATES DR

City

DAYTON

State

OH

Zip Code

45459-1382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935258

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 924 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN T. HART

Mailing Address 1302 CHANTICLEER LN

City

HINSDALE

State

IL

Zip Code

60521-5033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951226

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TOM HART

Mailing Address 95 HOCKANUM BLVD UNIT 4501

City

VERNON

State

CT

Zip Code

06066-7003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWN OF SOUTH WINDSOROccupation  
POLICE CAPTAIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959261

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VICKI HART

Mailing Address 3823 FORDHAM ROAD, NW

City

WASHINGTON

State

DC

Zip Code

20016-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HART HEALTH CARE STRATEGI-  
ESOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945627

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

25140.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 925 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STUART E. HARTIGAN

Mailing Address 444 GRANITE AVE

City

MONROVIA

State

CA

Zip Code

91016-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13957701

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BARRY HARTMAN

Mailing Address 5408 BONANZA PLACE

City

MISSOULA

State

MT

Zip Code

59808-8624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIGOccupation  
BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964479

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIS E. HARTMAN, II

Mailing Address 240 N ROCK RD  
STE. 104

City

WICHITA

State

KS

Zip Code

67206-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INK CONSTRUCTIONOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13966023

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM T. HARTMAN

Mailing Address P.O. BOX 1034

City

WESTTOWN

State

PA

Zip Code

19395-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948571

Amount of Each Receipt this Period

61.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VINCENT HARTNETT

Mailing Address 2435 ORCHARD CREST BLVD.

City

MANASQUAN

State

NJ

Zip Code

08736-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944633

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES HARTUNG

Mailing Address 2148 HILLEBRAND DRIVE

City

CROSS PLAINS

State

WI

Zip Code

53528-9120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARTUNG BROTHERS, INC.

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932407

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

662.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 927 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RAY HARTWELL**

Mailing Address **1610 AERIE LN**

City State Zip Code  
**MC LEAN VA 22101-4657**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HUNTON AND WILLIAMS**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13955910

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ELEANOR L. HARVEY**

Mailing Address **1000 N PECAN DR.**

City State Zip Code  
**HOBBS NM 88240-5339**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941846

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. SUSAN T. HARVEY**

Mailing Address **1514 E. LEVEL STREET**

City State Zip Code  
**COVINA CA 91724-3566**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13964162

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**360.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 928 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. HARWOOD

Mailing Address 2126 N 128TH ST

City

SEATTLE

State

WA

Zip Code

98133-7848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934535

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. HARWOOD

Mailing Address 2126 N 128TH ST

City

SEATTLE

State

WA

Zip Code

98133-7848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944109

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL S. HARWOOD

Mailing Address 5105 RAIN TREE CIRCLE

City

CULVER CITY

State

CA

Zip Code

90230-4433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957963

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 929 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CRISTEN HASLAM

Mailing Address PO BOX 10146

City

KNOXVILLE

State

TN

Zip Code

37939-0146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13959333

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. HASLAM, II

Mailing Address PO BOX 10146

City

KNOXVILLE

State

TN

Zip Code

37939-0146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PILOT CORPORATION

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13959338

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NATALIE HASLAM

Mailing Address PO BOX 10146

City

KNOXVILLE

State

TN

Zip Code

37939-0146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13959349

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 930 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. HASLAM

Mailing Address PO BOX 10146

City

KNOXVILLE

State

TN

Zip Code

37939-0146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF KNOXVILLEOccupation  
MAYOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959334

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

YNGVAR HASLESTAD

Mailing Address 1400 OLD JORDAN RD APT 2268  
APT 2268

City

SOUTHAMPTON

State

PA

Zip Code

18966-4819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937331

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

YNGVAR HASLESTAD

Mailing Address 1400 OLD JORDAN RD APT 2268  
APT 2268

City

SOUTHAMPTON

State

PA

Zip Code

18966-4819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948286

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5065.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

YNGVAR HASLESTAD

Mailing Address 1400 OLD JORDAN RD APT 2268  
 APT 2268

City State Zip Code  
 SOUTHAMPTON PA 18966-4819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950472

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LAWRENCE HASS

Mailing Address 40 E 80TH. ST. APT. 17A

City State Zip Code  
 NEW YORK NY 10075-0590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAUL HASTINGS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933262

Amount of Each Receipt this Period

251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 COL. FREDRICK J. HASSE, USN (RET.)

Mailing Address 1821 E DAYTON RD

City State Zip Code  
 CARO MI 48723-9478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953446

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

476.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 932 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY-ANN HASTINGS

Mailing Address 426 MONTREAL WAY

City

ROCKLEDGE

State

FL

Zip Code

32955-5930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946538

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MAXINE L. HATFIELD

Mailing Address 16661 HIGHWAY 190

City

PINEVILLE

State

KY

Zip Code

40977-8488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968957

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BETTE HATHCOAT

Mailing Address 5346 ALAN AVE.

City

SAN JOSE

State

CA

Zip Code

95124-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945314

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 933 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR A. HATHWAY

Mailing Address 296 ATWOODVILLE RD.

City

MANSFIELD CENTER

State

CT

Zip Code

06250-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932751

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHRISTOPHER A. HAUER

Mailing Address 9069 REGENCY WOODS DR

City

KIRTLAND

State

OH

Zip Code

44094-9380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAYLESS PATH MARK

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945577

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON N. HAUGSE

Mailing Address 2224 MYRTLE DRIVE

City

BILLINGS

State

MT

Zip Code

59102-6261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940225

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 934 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROGER HAUSEN

Mailing Address 1227 BULL CREEK RD

City

GRANTS PASS

State

OR

Zip Code

97527-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956705

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JACQUELINE A. HAVEL

Mailing Address 9200 CHERRY CREEK SOUTH DR APT

City

DENVER

State

CO

Zip Code

80231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959237

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEO J. HAVILAN

Mailing Address 6 LAKE HELIX DR.

City

LA MESA

State

CA

Zip Code

91941-4434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947126

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 935 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. SHIRLEY A. HAVLEK**

Mailing Address **5615 SOUTHTON DR.**

City State Zip Code  
**CLEVELAND OH 44129-5227**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**261.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950311

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. SHIRLEY A. HAVLEK**

Mailing Address **5615 SOUTHTON DR.**

City State Zip Code  
**CLEVELAND OH 44129-5227**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**261.00**

Date of Receipt

**11 / 15 / 2010**

Transaction ID: SA11.13968819

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES W. HAWKINS, III**

Mailing Address **2604 N. NELSON STREET**

City State Zip Code  
**ARLINGTON VA 22207-5032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13951144

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2551.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 936 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MRS. MAGALENE L. HAWKINS

Mailing Address 229 BENDELOW COURT

City

DELAWARE

State

OH

Zip Code

43015-1378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928520

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MAGALENE L. HAWKINS

Mailing Address 229 BENDELOW COURT

City

DELAWARE

State

OH

Zip Code

43015-1378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969814

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. HAWKINS

Mailing Address 470 SAVOIE DRIVE

City

PALM BEACH GARDENS

State

FL

Zip Code

33410-1606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943923

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 937 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. HAWKINS

Mailing Address 470 SAVOIE DRIVE

City

PALM BEACH GARDENS

State

FL

Zip Code

33410-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944378

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. HAWKINS, JR.

Mailing Address 4208B WILLOWLAKE CT.

City

JEFFERSON CTY

State

MO

Zip Code

65109-4532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938604

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL J. HAYES

Mailing Address 1904 COUNTY RD 124

City

CHESAPEAKE

State

OH

Zip Code

45619-7847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940205

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 938 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY HAYES

Mailing Address 20480 RANGER LANE RD.

City

FREEMPORT

State

OH

Zip Code

43973-8906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAMPOM HARDWARE

Occupation

COMPLAINT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937910

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GARY HAYES

Mailing Address 20480 RANGER LANE RD.

City

FREEMPORT

State

OH

Zip Code

43973-8906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAMPOM HARDWARE

Occupation

COMPLAINT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956461

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

L J. HAYES

Mailing Address 508 HIDDEN RIDGE CT.

City

ENCINITAS

State

CA

Zip Code

92024-5838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964738

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

161.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 939 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. HAYES

Mailing Address 16925 HIERBA DR  
APT 437

City State Zip Code  
SAN DIEGO CA 92128-2666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948662

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS HAYES

Mailing Address 5 COMSTOCK PLACE

City State Zip Code  
CHARLESTON WV 25314-1207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13943036

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. EVELYN C. HAYNES

Mailing Address 1110 ARCADIA DR

City State Zip Code  
HARLINGEN TX 78550-9004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954743

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 940 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GUY HAYNES

Mailing Address 26 BASSY ST

City

LEBANON

State

NH

Zip Code

03766-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944601

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. TWILLA HAYNES

Mailing Address 160 DEER CREEK TRL

City

HOSCHTON

State

GA

Zip Code

30548-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRIVATE SCHOOL/GA STATEOccupation  
FACULTY/CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951642

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DEBBIE HAYNIE

Mailing Address PO BOX Q

City

PRAGUE

State

OK

Zip Code

74864-1080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13959053

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 941 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. J. RICHARD HAYS**

Mailing Address **2337 MASONIC DR**

City State Zip Code  
**SEWICKLEY PA 15143-2418**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934643

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**JOHN HAYS**

Mailing Address **531 COUNTY RD. 611**

City State Zip Code  
**BROWNWOOD TX 76801-0802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953955

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. N. W. HAYS**

Mailing Address **7539 COUNTY RD. 372D**

City State Zip Code  
**HENDERSON TX 75654-9632**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934590

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**390.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 942 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW U. HAZI

Mailing Address P.O. BOX 6161

City

SANTA MARIA

State

CA

Zip Code

93456-6161

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
LLNS LLCOccupation  
SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935503

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH L. HAZZARD

Mailing Address N54W35800 HILL RD.

City

OCONOMOWOC

State

WI

Zip Code

53066-3263

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932577

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH L. HAZZARD

Mailing Address N54W35800 HILL RD.

City

OCONOMOWOC

State

WI

Zip Code

53066-3263

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933403

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

126.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 943 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JIMMY HEAD

Mailing Address 28515 S HIGHWAY 97

City State Zip Code  
HARRISON ID 83833-7741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931714

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
JOHN F. HEAD

Mailing Address 1330 JOSEPHINE ST. APT. 1

City State Zip Code  
DENVER CO 80206-2264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951910

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
JOHN F. HEAD

Mailing Address 1330 JOSEPHINE ST. APT. 1

City State Zip Code  
DENVER CO 80206-2264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958951

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN HEADY

Mailing Address 2918 W 92ND PL

City

SHAWNEE MSN

State

KS

Zip Code

66206-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929531

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JACQUELINE S. HEARD

Mailing Address 3904 HALLOAK COURT

City

VALRICO

State

FL

Zip Code

33596-6499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928498

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JACQUELINE S. HEARD

Mailing Address 3904 HALLOAK COURT

City

VALRICO

State

FL

Zip Code

33596-6499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938474

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 945 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. JACQUELINE S. HEARD

Mailing Address 3904 HALLOAK COURT

City	State	Zip Code
VALRICO	FL	33596-6499

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	1	0

Transaction ID: SA11.13971538

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. PAULINE G. HEARNE

Mailing Address 955 KINZER ST.

City	State	Zip Code
POPLAR BLUFF	MO	63901-4911

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944134

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. PAULINE G. HEARNE

Mailing Address 955 KINZER ST.

City	State	Zip Code
POPLAR BLUFF	MO	63901-4911

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13962342

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

61.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 946 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH HEARST

Mailing Address P.O. BOX 1516

City

SOUTHAMPTON

State

NY

Zip Code

11969-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13951926

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ZELLA HEASLEY

Mailing Address 7575 STATE ROUTE 30

City

NORTH HUNTINGDON

State

PA

Zip Code

15642-7519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958743

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

W DEAN HEATH

Mailing Address 2619 LUKAS CT. SE

City

ALBANY

State

OR

Zip Code

97322-5571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953640

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 947 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. CHRISTIE HEAVENER**

Mailing Address **3300 UNIVERSITY BOULEVARD, #218**

City State Zip Code  
**WINTER PARK FL 32792-7435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**25000.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13951122

Amount of Each Receipt this Period

**25000.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES W. HEAVENER**

Mailing Address **3300 UNIVERSITY BOULEVARD, #218**

City State Zip Code  
**WINTER PARK FL 32792-7435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE HEAVENER COMPANY**

Occupation  
**REAL ESTATE DEVELOPMENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**25000.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13951110

Amount of Each Receipt this Period

**25000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**SUSAN HECK**

Mailing Address **18917 PECKHAM DR**

City State Zip Code  
**POINT VENTURE TX 78645-8556**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**W. W. GRAINGER, INC**

Occupation  
**SALES MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13964413

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**50050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 948 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
FREDERICK M. HECKLER

Mailing Address 5225 SUPERIOR AVE APT. 600

City State Zip Code  
CLEVELAND OH 44103-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941543

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. CLEMENS V. HEDEEN, JR.

Mailing Address 218 N 14TH AVE

City State Zip Code  
STURGEON BAY WI 54235-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEDEEN INTERNATIONAL

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928488

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. SUE HEDRICK

Mailing Address P.O. BOX 712

City State Zip Code  
STATESVILLE NC 28687-0712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965369

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 949 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES E. HEERIN**

Mailing Address **765 LULLWATER ROAD NE**

City State Zip Code  
**ATLANTA GA 30307-1288**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935619

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. PEGGY HEETER**

Mailing Address **513 CHARLESTON RD**

City State Zip Code  
**SPENCER WV 25276-9231**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HEETER CONSTRUCTION INC.**

Occupation

**TREASURER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13953395

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**BARBARA HEFFLEBOWER**

Mailing Address **850 66TH. AVE**

City State Zip Code  
**VERO BEACH FL 32966-1125**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935927

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

501.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 950 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. EDWARD D. HEFFNER

Mailing Address 1 STAR FARM ROAD

City State Zip Code  
PURCHASE NY 10577-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMPIRE CITY IRON WORKS

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951609

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. MARY F. HEFFNER

Mailing Address P.O. BOX 737

City State Zip Code  
POULSBO WA 98370-0737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938517

Amount of Each Receipt this Period

160.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
SHARON HEFLIN

Mailing Address 27 CHIMNEY VIEW LANE

City State Zip Code  
SPRINGFIELD IL 62707-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ILLINOIS AT  
SPRINGFIELD

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.1396856

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 951 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHY HEGG

Mailing Address 162 CAMELOT DR

City

HUNTINGTON

State

WV

Zip Code

25701-5305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961212

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH GREENE HEILMAN

Mailing Address 5213 PINE CONE LANE

City

DURHAM

State

NC

Zip Code

27705-8703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETAIL NETWORKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957632

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH GREENE HEILMAN

Mailing Address 5213 PINE CONE LANE

City

DURHAM

State

NC

Zip Code

27705-8703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETAIL NETWORKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966527

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 952 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH GREENE HEILMAN

Mailing Address 5213 PINE CONE LANE

City

DURHAM

State

NC

Zip Code

27705-8703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETAIL NETWORKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968504

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER K. HEIM

Mailing Address 4444 N KNOXVILLE AVE

City

PEORIA

State

IL

Zip Code

61614-6080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934857

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HILTON E. HEINEKE

Mailing Address 1121 N FOX RIDGE LINKS DR.

City

VINCENNES

State

IN

Zip Code

47591-6895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945447

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 953 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES F. HEINIG

Mailing Address P.O. BOX 91

City

WARE NECK

State

VA

Zip Code

23178-0091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965689

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLIFFORD STANTON HEINZ

Mailing Address 3 SAN JOAQUIN PLAZA  
SUITE 170

City

NEWPORT BEACH

State

CA

Zip Code

92660-5945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13932334

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN M. HEINZE

Mailing Address PO BOX 415

City

COOPERSTOWN

State

ND

Zip Code

58425-0415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934801

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 954 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

JOHN M. HEINZE

Mailing Address PO BOX 415

City

COOPERSTOWN

State

ND

Zip Code

58425-0415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946907

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN M. HEINZE

Mailing Address PO BOX 415

City

COOPERSTOWN

State

ND

Zip Code

58425-0415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961029

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MIRIAM HEISEY

Mailing Address P.O. BOX 5093

City

LANCASTER

State

PA

Zip Code

17606-5093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952103

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 955 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MICHAEL HEISLEY**

Mailing Address **70 W MADISON ST STE 5600**

City State Zip Code  
**CHICAGO IL 60602-4211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HEICO COMPANIES LLC**

Occupation  
**CHAIRMAN EMERITIS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963680

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WALLACE O. HEISTAD**

Mailing Address **137 HEMSTEAD ST.**

City State Zip Code  
**LAKE BLUFF IL 60044-1157**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**460.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941078

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. NANCY JOY HEITMANN**

Mailing Address **1480 HAPPY VALLEY RD.**

City State Zip Code  
**CROWN POINT IN 46307-9300**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**291.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934330

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**595.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 956 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY JOY HEITMANN

Mailing Address 1480 HAPPY VALLEY RD.

City

CROWN POINT

State

IN

Zip Code

46307-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952012

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JIMMIE J. HEITZ

Mailing Address 3808 FLEETWOOD DR

City

AMARILLO

State

TX

Zip Code

79109-5648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961501

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT J. HEITZMAN

Mailing Address 5202 TREASURE VIEW WAY

City

LEESBURG

State

FL

Zip Code

34748-9227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.95

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929586

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 957 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK HELBRAUN

Mailing Address 20 PROSPECT AVE

City

HACKENSACK

State

NJ

Zip Code

07601-1997

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958231

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL HELD

Mailing Address 3605 EAST AVENUE

City

ROCHESTER

State

NY

Zip Code

14618-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLSTATE TOOL & DIE INC.

Occupation  
OWNER PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934621

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL HELD

Mailing Address 3605 EAST AVENUE

City

ROCHESTER

State

NY

Zip Code

14618-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLSTATE TOOL & DIE INC.

Occupation  
OWNER PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935963

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

501.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 958 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. REGINA B. HELDRICH

Mailing Address 239 HARRISON AVENUE

City

HIGHLAND PARK

State

NJ

Zip Code

08904-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930826

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. IRWIN HELFORD

Mailing Address 127 SPINDRIFT DR  
SUITE 1804

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940594

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DANIEL HELLER

Mailing Address 2127 PACKARD AVE

City

HUNTINGDON VALLEY

State

PA

Zip Code

19006-6414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931469

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 959 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL B. HELLIER

Mailing Address 6635 HAZEL LN

City

MC LEAN

State

VA

Zip Code

22101-5114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962664

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH HELLMANN

Mailing Address 1101 K STREET  
SUITE 610

City

WASHINGTON

State

DC

Zip Code

20005-7031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION TECHNOLOGY IN-  
DUSTRY COUNCI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SENIOR VICE PRESIDENT, GOVERNMENT RELA

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959403

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALLACE H. HELM

Mailing Address 6219 ANGELL PL

City

SAN DIEGO

State

CA

Zip Code

92122-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972822

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 960 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GARY D. HELMBRECHT, M.D.

Mailing Address 430 FOXDALE LN

City

CHARLOTTESVILLE

State

VA

Zip Code

22903-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRENATAL DI

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928931

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CECIL CLYDE HELTON

Mailing Address 737 STANDARD AVE.

City

CORBIN

State

KY

Zip Code

40701-6566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960082

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELENA M. HEMMINGER

Mailing Address 49 CEDAR SHORE DRIVE

City

MASSAPEQUA

State

NY

Zip Code

11758-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933370

Amount of Each Receipt this Period

251.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

551.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 961 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARROLL HEMPHILL

Mailing Address 955 CADARETTA RD

City

GORE SPRINGS

State

MS

Zip Code

38929-6641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948578

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

OLGA M. HENDERSON

Mailing Address 402 CUMBERLAND DR.

City

SMYRNA

State

TN

Zip Code

37167-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928633

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

OLGA M. HENDERSON

Mailing Address 402 CUMBERLAND DR.

City

SMYRNA

State

TN

Zip Code

37167-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930634

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

355.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 962 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
OLGA M. HENDERSON

Mailing Address 402 CUMBERLAND DR.

City State Zip Code  
SMYRNA TN 37167-2712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934845

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
OLGA M. HENDERSON

Mailing Address 402 CUMBERLAND DR.

City State Zip Code  
SMYRNA TN 37167-2712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940877

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
OLGA M. HENDERSON

Mailing Address 402 CUMBERLAND DR.

City State Zip Code  
SMYRNA TN 37167-2712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944113

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 963 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OLGA M. HENDERSON

Mailing Address 402 CUMBERLAND DR.

City

SMYRNA

State

TN

Zip Code

37167-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949049

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

OLGA M. HENDERSON

Mailing Address 402 CUMBERLAND DR.

City

SMYRNA

State

TN

Zip Code

37167-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952264

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

OLGA M. HENDERSON

Mailing Address 402 CUMBERLAND DR.

City

SMYRNA

State

TN

Zip Code

37167-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969201

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 964 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ROBERTA HENDERSON

Mailing Address 4316 GLENVIEW AVE.

City

GLENVIEW

State

KY

Zip Code

40025-7509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931581

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SALLY HENDERSON

Mailing Address 3021 W FIELDSTREAM DR.

City

MERIDIAN

State

ID

Zip Code

83646-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948520

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARYANN A. HENDRICKSON

Mailing Address 8340 HWY 12

City

ORANGE

State

TX

Zip Code

77632-7302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960734

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

351.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 965 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARION M. HENDRICKSON

Mailing Address 3300 KIRKWALL ST

City

EL PASO

State

TX

Zip Code

79925-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953170

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK X. HENKE, IV

Mailing Address 2300 RIVERSIDE DRIVE  
UNIT 5E

City

TULSA

State

OK

Zip Code

74114-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN BANK

Occupation  
BANKER/ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948207

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARILYN M. HENLEY

Mailing Address 5030 CEDAR SPRING DR

City

MISSOURI CITY

State

TX

Zip Code

77459-4172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13955981

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 966 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. EMMALINE HENN**

Mailing Address **6 MEADOW CT.**

City State Zip Code  
**HUNTINGTON IN 46750-4406**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNEMPLOYED**

Occupation  
**UNEMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**971.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934462

Amount of Each Receipt this Period

**21.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. EDWARD L. HENNESSY, JR.**

Mailing Address **577 VAN BEUREN ROAD**

City State Zip Code  
**MORRISTOWN NJ 07960-6463**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13947106

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN HENNESSEY**

Mailing Address **2254 FARGO BLVD.**

City State Zip Code  
**GENEVA IL 60134-4304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**470.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13918463

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**321.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 967 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VINCENT HENNESSY

Mailing Address 5914 SHERBORN LANE

City

SPRINGFIELD

State

VA

Zip Code

22152-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935198

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD TIMOTHY HENNIG

Mailing Address N31W23856 OLD FARM CT

City

PEWAUKEE

State

WI

Zip Code

53072-4090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAF ADVISORS

Occupation  
RELATIONSHIP MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928977

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BONNIE L. HENRY

Mailing Address 2285 LAS LUNAS ST

City

PASADENA

State

CA

Zip Code

91107-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1621.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933051

Amount of Each Receipt this Period

241.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

341.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 968 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JULIA D. HENRY**

Mailing Address **3308 CHEVAL CIR.**

City State Zip Code  
**VESTAVIA AL 35216-2045**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**810.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931559

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. PAULA R. HENRY**

Mailing Address **7683 DOUGLAS HILL CT**

City State Zip Code  
**BROWNSBURG IN 46112-7860**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MC COMB WINDOW & DOOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**ACCOUNTANT**

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13938131

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. PAULA R. HENRY**

Mailing Address **7683 DOUGLAS HILL CT**

City State Zip Code  
**BROWNSBURG IN 46112-7860**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MC COMB WINDOW & DOOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**ACCOUNTANT**

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960547

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 969 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ALBERT E. HENSEL, JR.

Mailing Address 6408 AUDUBON OAKS

City

ALEXANDRIA

State

LA

Zip Code

71301-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937314

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDGAR S. HENSEL

Mailing Address 1443 DEWBERRY TRAIL

City

MARIETTA

State

GA

Zip Code

30062-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF ROSWELLOccupation  
LANDSCAPE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962566

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ERNEST E. HENSHAW

Mailing Address 226 BRANDYWINE CIR

City

ENGLEWOOD

State

FL

Zip Code

34223-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943686

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 970 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEVEN L. HENSLEE

Mailing Address 2012 10TH AVE

City

COLUMBUS

State

GA

Zip Code

31901-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUBBARD HENSLEE CENTER FOR  
EYE SRGRY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928939

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEVEN L. HENSLEE

Mailing Address 2012 10TH AVE

City

COLUMBUS

State

GA

Zip Code

31901-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUBBARD HENSLEE CENTER FOR  
EYE SRGRY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13968517

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

C R. HENTHORN

Mailing Address 107 WALLACE AVE

City

CRAWFORDSVLLE

State

IN

Zip Code

47933-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936585

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 971 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEROY B. HERBST, JR.

Mailing Address 18755 W. BERNARDO DRIVE  
APARTMENT 1212City State Zip Code  
SAN DIEGO CA 92127-3024FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950506

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK RAYMOND HERETH

Mailing Address 2269 E CHEROKEE DR.

City State Zip Code  
WOODSTOCK GA 30188-1941FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GIBSONBURG HEALTH LLCOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928517

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK RAYMOND HERETH

Mailing Address 2269 E CHEROKEE DR.

City State Zip Code  
WOODSTOCK GA 30188-1941FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GIBSONBURG HEALTH LLCOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969813

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 972 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANN W. HERLONG

Mailing Address 19 TWO MILE DR

City

JOHNSTON

State

SC

Zip Code

29832-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944891

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL S. HERMANN

Mailing Address 615 WINTERWOOD DRIVE

City

EVANSVILLE

State

IN

Zip Code

47715-4280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945622

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM J. HERMANN, JR.

Mailing Address 103 RIVER RIDGE RD

City

SEALY

State

TX

Zip Code

77474-8525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALBERTO ROCA & ASSOCOccupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931490

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10075.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 973 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ANTHONY HERNANDEZ**

Mailing Address **903 N MARINE AVENUE**

City State Zip Code  
**WILMINGTON CA 90744-4414**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**490.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949155

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. MILAGROS C. HERNANDEZ**

Mailing Address **2315 GROESBECK AVE**

City State Zip Code  
**LANSING MI 48912-3452**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13931200

Amount of Each Receipt this Period

**31.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. MILAGROS C. HERNANDEZ**

Mailing Address **2315 GROESBECK AVE**

City State Zip Code  
**LANSING MI 48912-3452**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935728

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**151.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 974 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. JUNE HERNESMAA**

Mailing Address **12581 S.E. RIVER ROAD**  
**APARTMENT 344**

City State Zip Code  
**MILWAUKIE OR 97222-8009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**207.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957302

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. MARTHA HEROEY**

Mailing Address **21 MICHAEL ST**

City State Zip Code  
**LEBANON NH 03766-1094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951308

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ARNETTA W. HERRINGTON**

Mailing Address **4614 PINEDALE DR**

City State Zip Code  
**DURHAM NC 27705-2324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948996

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**130.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 975 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ARNETTA W. HERRINGTON

Mailing Address 4614 PINEDALE DR

City

DURHAM

State

NC

Zip Code

27705-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949031

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ARNETTA W. HERRINGTON

Mailing Address 4614 PINEDALE DR

City

DURHAM

State

NC

Zip Code

27705-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965762

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ARNETTA W. HERRINGTON

Mailing Address 4614 PINEDALE DR

City

DURHAM

State

NC

Zip Code

27705-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972911

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 976 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. HERRIMAN

Mailing Address 140 N. AMERICAN STREET

City

RIDGECREST

State

CA

Zip Code

93555-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D.C.S. CORPORATION

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931599

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOANNE HERRING

Mailing Address 2121 KIRBY DRIVE, #144

City

HOUSTON

State

TX

Zip Code

77019-6069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938489

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARCIA HERSCHMANN

Mailing Address 4430 PINE TREE DR.

City

MIAMI BEACH

State

FL

Zip Code

33140-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943517

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 977 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICH HERWECK

Mailing Address 12524 TRIPLE CREEK DRIVE

City

DRIPPING SPRINGS

State

TX

Zip Code

78620-3742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBUST ENERGY

Occupation

ENERGY EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961235

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE D. HESS

Mailing Address 509 HEARTHSTONE DR.

City

WINDSOR

State

CT

Zip Code

06095-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTINGHOUSE ELECTRIC CO

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959703

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. K. WILLIAM HESS

Mailing Address 4844 MARATHON WAY

City

OCEANSIDE

State

CA

Zip Code

92056-7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934103

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 978 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. K. WILLIAM HESS

Mailing Address 4844 MARATHON WAY

City	State	Zip Code
OCEANSIDE	CA	92056-7407

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940235

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. JAY HESSELGRAVE

Mailing Address 8 ORCHARD ROAD

City	State	Zip Code
KINNELON	NJ	07405-2730

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13947612

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. MARIE C. HESSE

Mailing Address 3326 HIGHLANDS BRIDGE ROAD

City	State	Zip Code
SARASOTA	FL	34235-6859

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943376

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3025.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 979 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE CHRISTOPHER HESTERBERG

Mailing Address 9009 WOODEN BRIDGE RD.

City

POTOMAC

State

MD

Zip Code

20854-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949627

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GEORGE CHRISTOPHER HESTERBERG

Mailing Address 9009 WOODEN BRIDGE RD.

City

POTOMAC

State

MD

Zip Code

20854-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	0

Transaction ID: SA11.13969862

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HELEN HESTERFER

Mailing Address 27 DEVONSHIRE PL

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949126

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 980 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN HESTER

Mailing Address 3882 GLEN MEADOW DR

City

NORCROSS

State

GA

Zip Code

30092-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960013

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TROY JAMES HETHERWICK

Mailing Address P.O. BOX 632

City

DURHAM

State

CA

Zip Code

95938-0632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENLVE MEDICAL CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

LABORATORY SCIENTIST

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948180

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH E. HEUGEL

Mailing Address 713 COBBLESTONE DR

City

EVANSVILLE

State

IN

Zip Code

47715-4286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931771

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 981 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
L. KENNETH HEULER

Mailing Address 19191 HARVARD AVE. #118E

City	State	Zip Code
IRVINE	CA	92612-4658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952939

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. MARJORIE HEUSLER

Mailing Address 6 JELLICLE LN.

City	State	Zip Code
WATERLOO	NY	13165-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960117

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. LORETTA A. HEWITT

Mailing Address 757 FORT EBEY RD

City	State	Zip Code
COUPEVILLE	WA	98239-9779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928890

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

236.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 982 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DON R. HEYDEN

Mailing Address 205 KING RICHARD ST.

City

IRVING

State

TX

Zip Code

75061-6424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963170

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON R. HEYDEN

Mailing Address 205 KING RICHARD ST.

City

IRVING

State

TX

Zip Code

75061-6424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963550

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALAN HICKEY

Mailing Address 78 EBEN HILL RD

City

YARMOUTH

State

ME

Zip Code

04096-5530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935534

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

101.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 983 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BILLIE HICKS

Mailing Address 2010 VILLA DR.

City

TYLER

State

TX

Zip Code

75703-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953574

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BILLIE HICKS

Mailing Address 2010 VILLA DR.

City

TYLER

State

TX

Zip Code

75703-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954483

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BILLIE HICKS

Mailing Address 2010 VILLA DR.

City

TYLER

State

TX

Zip Code

75703-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958320

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

91.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 984 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK C. HICKS, JR.

Mailing Address 805 XANADU CT  
APARTMENT 2

City State Zip Code  
JOHNSON CITY TN 37604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929004

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STANLEY HIEB

Mailing Address 2235 10TH AVE SE

City State Zip Code  
ABERDEEN SD 57401-7390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949479

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STANLEY HIEB

Mailing Address 2235 10TH AVE SE

City State Zip Code  
ABERDEEN SD 57401-7390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969282

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 985 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES R. HIGGINS, M.D.

Mailing Address 10920 S. 69TH E. AVENUE

City

TULSA

State

OK

Zip Code

74133-7164

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13951120

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH L. HIGHTOWER

Mailing Address 3105 N 200TH AVE

City

ELKHORN

State

NE

Zip Code

68022-1885

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934164

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH L. HIGHTOWER

Mailing Address 3105 N 200TH AVE

City

ELKHORN

State

NE

Zip Code

68022-1885

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965952

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

540.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 986 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEONARD L. HIGLEY

Mailing Address 521 E WALNUT ST APT 2D

City

PERRY

State

MO

Zip Code

63462-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932487

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. HILDBOLD

Mailing Address 7815 ROCK HILL LANE

City

CINCINNATI

State

OH

Zip Code

45243-4046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932332

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GAYLAND A. HILDEBRANDT

Mailing Address 211 S TALIESIN RD.

City

WALES

State

WI

Zip Code

53183-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CARPENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933052

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1111.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 987 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KIM A. HILDRED

Mailing Address 6484 TAYACK PL

City

ALEXANDRIA

State

VA

Zip Code

22312-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. HOUSE OF REPRESENTATIVES

Occupation

SUBCOMMITTEE STAFF DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13955656

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WAYNE V. HILE

Mailing Address P.O. BOX 257

City

HYGIENE

State

CO

Zip Code

80533-0257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944690

Amount of Each Receipt this Period

333.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COL T. HILEMAN

Mailing Address 1812 NIBLICK CIR

City

LAS VEGAS

State

NV

Zip Code

89142-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	0

Transaction ID: SA11.13971777

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1383.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 988 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ALICE W. HILL

Mailing Address 2 BRIDGEWORTH LN

City

SHERMAN

State

CT

Zip Code

06784-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956552

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILL H. HILL

Mailing Address 2601 MARSH LN. UNIT 191  
UNIT 191

City

PLANO

State

TX

Zip Code

75093-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940050

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DON HILL

Mailing Address 1876 E SABIN DR  
# 3

City

CASA GRANDE

State

AZ

Zip Code

85122-6197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRI VALLEY CANCER RESEARCH  
AND TREATME

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951566

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 989 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES MAC HILL

Mailing Address 10440 SWIFT STREAM PL APT 212

City

COLUMBIA

State

MD

Zip Code

21044-4570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ECOLOGIST/CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943443

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. HILL

Mailing Address 402 MULBERRY ST

City

RAYVILLE

State

LA

Zip Code

71269-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951455

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOYCE HILL

Mailing Address 1603 BROOKS AVE

City

BROWNWOOD

State

TX

Zip Code

76801-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951534

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 990 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN D. HILL

Mailing Address 1544 BELMEADE DR

City

KINGSPORT

State

TN

Zip Code

37664-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931787

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. HILL

Mailing Address 2961 S LOOKOUT RDG

City

APACHE JCT

State

AZ

Zip Code

85118-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOX FIRE PRINTING & PACKAG-  
ING, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SYSTEMS ANALYST

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966538

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SHIRLEY J. HILL

Mailing Address 708 SCARLET DR.

City

PHARR

State

TX

Zip Code

78577-6816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931966

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 991 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERIC L. HILLER

Mailing Address 21 LAFAYETTE

City

IRVINE

State

CA

Zip Code

92620-2532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. SECURITY ASSOC

Occupation

PART-TIME SECURITY GUARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950448

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM L. HILLIS

Mailing Address 1103 SARATOGA DR

City

FAIRBORN

State

OH

Zip Code

45324-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952343

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM L. HILLIS

Mailing Address 1103 SARATOGA DR

City

FAIRBORN

State

OH

Zip Code

45324-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957567

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 992 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID C. HILTON

Mailing Address 4430 SHEPHERDS LN

City

LA CANADA

State

CA

Zip Code

91011-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945181

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VICKI HILTON

Mailing Address 4795 W 127TH PL

City

BROOMFIELD

State

CO

Zip Code

80020-5738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945564

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILLY R. HINDS

Mailing Address 376 TURNBERRY RD

City

BIRMINGHAM

State

AL

Zip Code

35244-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLCOMM

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928017

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 993 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS HINER

Mailing Address 145 WEST 67TH STREET

City

NEW YORK

State

NY

Zip Code

10023-5923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUNTON & WILLIAMS LLP

Occupation

ATTORNEY AT LAW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.13960687

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MICHAEL HINES

Mailing Address 4208 LORCOM LN

City

ARLINGTON

State

VA

Zip Code

22207-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928545

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA M. HINES

Mailing Address P.O. BOX 474

City

LESLIE

State

GA

Zip Code

31764-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929590

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 994 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RAYMOND S. HINSON**

Mailing Address **1935 SIOUX CITY COURT**

City State Zip Code  
**HENDERSON NV 89052-7043**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**401.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963585**

Amount of Each Receipt this Period

**151.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES HINTON**

Mailing Address **2215 SPANISH FOREST LN**

City State Zip Code  
**RICHMOND TX 77406-6778**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GRAIN PROCESSING CORP**

Occupation  
**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13962495**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. PHYLLIS S. HINTZ**

Mailing Address **1310 ADAMS AVE APT 104**  
**APT 104**

City State Zip Code  
**FAIRMONT MN 56031-4481**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13932047**

Amount of Each Receipt this Period

**60.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**311.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 995 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS S. HINTZ

Mailing Address 1310 ADAMS AVE APT 104  
APT 104

City State Zip Code  
FAIRMONT MN 56031-4481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972123

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN HIPSKIND

Mailing Address 3218 SCHILLING ST.

City State Zip Code  
PERU IN 46970-8733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MW INDUSTRIES

Occupation  
VP OF SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972093

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JEFFREY A. HIRSCH

Mailing Address 10516 LINDBROOK

City State Zip Code  
LOS ANGELES CA 90024-3326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952464

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

651.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 996 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUDOLPH W. HIRZEL

Mailing Address 1559 C DRIVE S

City

CLIMAX

State

MI

Zip Code

49034-9621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935698

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FAITH M. HITCHINGS

Mailing Address 1524 SANDY POINT LN.

City

BLOSSVALE

State

NY

Zip Code

13308-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955123

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA HIXON

Mailing Address 14901 N. OUTER 40  
APARTMENT 415

City

CHESTERFIELD

State

MO

Zip Code

63017-2081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938538

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 997 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES HOAK

Mailing Address 3505 TURTLE CREEK BLVD #20B

City

DALLAS

State

TX

Zip Code

75219-5573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOAK MEDIA CORPORATION

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932403

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES HOAK

Mailing Address 3505 TURTLE CREEK BLVD #20B

City

DALLAS

State

TX

Zip Code

75219-5573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOAK MEDIA CORPORATION

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951062

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED WAYNE HOBBS

Mailing Address 529 WARNER DRIVE

City

LEWISTON

State

ID

Zip Code

83501-4458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928817

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 998 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT HOBBS

Mailing Address 7975 MONTEREY SHORES DR.

City

RENO

State

NV

Zip Code

89506-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930739

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT HOBBS

Mailing Address 7975 MONTEREY SHORES DR.

City

RENO

State

NV

Zip Code

89506-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945884

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JACK B. HOBSON, SR.

Mailing Address 926 CHEROKEE ROAD

City

CHARLOTTE

State

NC

Zip Code

28207-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941824

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 999 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. OLIVIA LOIS HOCKING**

Mailing Address **225 20TH AVE. NW**

City State Zip Code  
**BIRMINGHAM AL 35215-3441**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**615.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934125

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. OLIVIA LOIS HOCKING**

Mailing Address **225 20TH AVE. NW**

City State Zip Code  
**BIRMINGHAM AL 35215-3441**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**615.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934763

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**CINDY HODGES**

Mailing Address **3116 N HANCOCK AVE**

City State Zip Code  
**ODESSA TX 79762-7535**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949240

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**115.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1000 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY L. HODGES

Mailing Address RR 3 BOX 164

City

AVA

State

MO

Zip Code

65608-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955803

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH M. HODGES

Mailing Address 5200 POTOMAC RD.

City

KNOXVILLE

State

TN

Zip Code

37920-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949683

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH M. HODGES

Mailing Address 5200 POTOMAC RD.

City

KNOXVILLE

State

TN

Zip Code

37920-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964260

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1001 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SPENCER HODGE

Mailing Address 5021 LAKE VIEW CIR

City

NORTH RICHLAND HIL

State

TX

Zip Code

76180-7809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956709

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NOLA B. HODGSON

Mailing Address 1108 6TH. ST.

City

AURORA

State

NE

Zip Code

68818-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945038

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD C. HODSON

Mailing Address P.O. BOX 927

City

MILLERSPORT

State

OH

Zip Code

43046-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953658

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

235.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1002 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. DARBY HOE HOEGGER**

Mailing Address **1098B ARGYLL CIR**

City State Zip Code  
**LAKEWOOD NJ 08701-6948**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13930119

Amount of Each Receipt this Period

600.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**TYLER HOEKE**

Mailing Address **102 CHIPPENDALE CT**

City State Zip Code  
**LOS GATOS CA 95032-1604**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**CAIN-WHITE AND COMPANY**

Occupation  
**PRESIDENT AND CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13946878

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**CARL HOELLE**

Mailing Address **6545 N 1ST PL.**

City State Zip Code  
**PHOENIX AZ 85012-1134**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935133

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1003 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CARL HOELLE

Mailing Address 6545 N 1ST PL.

City

PHOENIX

State

AZ

Zip Code

85012-1134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937970

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL G. HOERTZ

Mailing Address 2 ONEOATA CT

City

CENTERPORT

State

NY

Zip Code

11721-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954177

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945768

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1004 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOSTOccupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945769

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOSTOccupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945770

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOSTOccupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945771

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1005 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945772

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945774

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945960

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1006 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946071

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946431

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City

SCHILLER PARK

State

IL

Zip Code

60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946502

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1007 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City State Zip Code  
SCHILLER PARK IL 60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946516

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City State Zip Code  
SCHILLER PARK IL 60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946520

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. RICHARD T. HOFF

Mailing Address 3719 RUBY ST. APT. 4

City State Zip Code  
SCHILLER PARK IL 60176-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.M.S. HOST

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948980

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1008 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD T. HOFF**

Mailing Address **3719 RUBY ST. APT. 4**

City State Zip Code  
**SCHILLER PARK IL 60176-2454**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**H.M.S. HOST**

Occupation  
**CLERK**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1230.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954501

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. BRUCE N. HOFFMAN, JR.**

Mailing Address **13024 SALEM AVE**

City State Zip Code  
**HAGERSTOWN MD 21740-3550**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARTIN'S ELEVATOR INC.**

Occupation  
**BILLING CLERK**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**551.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946673

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**RAYMOND F. HOFFMAN**

Mailing Address **10881 LAKE FOREST DR.**

City State Zip Code  
**CONROE TX 77384-3247**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**11 / 08 / 2010**

Transaction ID: SA11.13966593

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**141.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1009 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT D. HOFFMAN**

Mailing Address **6108 RIDGETOP TERRACE**

City State Zip Code  
**BAKERSFIELD CA 93306-3236**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**226.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13933258**

Amount of Each Receipt this Period

**26.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. HOFFMAN**

Mailing Address **3400 S GOLDENROD LN**

City State Zip Code  
**SIOUX FALLS SD 57110-4430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13947180**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. HOFFMAN**

Mailing Address **3400 S GOLDENROD LN**

City State Zip Code  
**SIOUX FALLS SD 57110-4430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**11 / 18 / 2010**

**Transaction ID: SA11.13971433**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**106.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1010 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. JOHN R. HOFMANN

Mailing Address 3206 FESTUS DR.

City State Zip Code  
**AUSTIN TX 78748-1874**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
**HUMAN RESOURCES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**460.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13936223**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. EDWARD J. HOGAN

Mailing Address 900 WEST STAFFORD ROAD

City State Zip Code  
**THOUSAND OAKS CA 91361-5333**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOGAN FAMILY FOUNDATION**

Occupation  
**PRINCIPAL**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID: SA11.13948209**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MS. TONIAN HOHBERG

Mailing Address 919 SOUTH GRAND AVENUE

City State Zip Code  
**LOS ANGELES CA 90015-1421**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FIDM**

Occupation  
**PRESIDENT AND CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13942468**

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**6100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1011 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE C. HOHL

Mailing Address 4800 W 87TH ST

City

PRAIRIE VLG

State

KS

Zip Code

66207-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GALVIOR

Occupation

EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13951967

Amount of Each Receipt this Period

201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FREDERICK HOHMANN

Mailing Address 30 WHITE LAKE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H&H PRODUCTION MACHINING  
INC

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935045

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. C. RAY HOLBROOK

Mailing Address 1420 AVENUE L

City

SANTA FE

State

TX

Zip Code

77510-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954790

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

601.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1012 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS HOLBROOK

Mailing Address 1238 US HWY 52

City

MINOOKA

State

IL

Zip Code

60447-9721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943544

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TIM HOLDEN

Mailing Address 9217 WOODVALE DRIVE

City

DAMASCUS

State

MD

Zip Code

20872-1061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959135

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELLIS HOLDINESS

Mailing Address 269 HUBERT HOLDINESS ROAD

City

LOUISVILLE

State

MS

Zip Code

39339-6725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956073

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

256.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1013 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MERCY HOLIDAY

Mailing Address 5430 KATHERINE AVE

City

SHERMAN OAKS

State

CA

Zip Code

91401-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931582

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAN E. HOLLAND

Mailing Address 118 PEARLE COVE DR

City

HUNTSVILLE

State

AL

Zip Code

35806-4243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PESA

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962476

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. HOLLAND, JR.

Mailing Address 1904 LEE STREET

City

BOSSIER CITY

State

LA

Zip Code

71112-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BALDWIN & BALDWIN

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965356

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1014 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HOLLAND

Mailing Address 603 PETER PAUL DR

City

WEST ISLIP

State

NY

Zip Code

11795-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAVALIER HOMES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934795

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAN HOLLEY

Mailing Address 812 COUNTRY CLUB DR

City

ROCKWALL

State

TX

Zip Code

75032-5930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIG

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948332

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ERIC HOLLEY

Mailing Address 1478 ASHWOODY COURT

City

ATLANTA

State

GA

Zip Code

30319-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EHOSTAR

Occupation

COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951450

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1015 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HELEN F. HOLLEN

Mailing Address 811 N 6TH ST APT 8

City

RED OAK

State

IA

Zip Code

51566-1963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962162

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK P. HOLLE

Mailing Address 7 CHUCKANUT LN

City

HOUSTON

State

TX

Zip Code

77024-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954355

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. HOLLINSHEAD

Mailing Address 396 ESTANCIA LANE

City

BOERNE

State

TX

Zip Code

78006-8143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LYONDELL CHEMICAL CO.

Occupation  
V. P. - HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948198

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1016 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. HOLLIHAN

Mailing Address 16 HOLLOW BROOK LANE

City

CANAAN

State

CT

Zip Code

06018-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LITCHFIELD CAPTIL HOLDINGS

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951136

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOYCE J. HOLLOWAY

Mailing Address 6501 S RICE AVE

City

BELLAIRE

State

TX

Zip Code

77401-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOLLOWAY PRESCHOOL & DAYC-  
ARE

Occupation

OWNER & DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955105

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHERYL HOLMES

Mailing Address 2420 E DEL RIO DR

City

TEMPE

State

AZ

Zip Code

85282-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948219

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1017 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
G BURIT HOLMES

Mailing Address 8231 BAY COLONY DR. APT. 804

City State Zip Code  
NAPLES FL 34108-7792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953989

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DEBORAH HOLSTEIN

Mailing Address 286 BEAUVOIR RD.

City State Zip Code  
BILOXI MS 39531-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
COMMERICAL INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962603

Amount of Each Receipt this Period

105.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. HAROLD JACK HOLT

Mailing Address 400 SARAH ELIZABETH WAY

City State Zip Code  
TAYLORSVILLE KY 40071-8780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930237

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

456.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1018 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAROLD JACK HOLT

Mailing Address 400 SARAH ELIZABETH WAY

City

TAYLORSVILLE

State

KY

Zip Code

40071-8780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943391

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICKY HOLT

Mailing Address PO BOX 559

City

LOUISVILLE

State

GA

Zip Code

30434-0559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955717

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES HOLTEN

Mailing Address 4003 CHESTNUT OAK DR

City

SMITHTON

State

IL

Zip Code

62285-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLTEN MEATSOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939834

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

156.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1019 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERBERT HOLTON

Mailing Address 402 W ROSE DR

City

TECUMSEH

State

OK

Zip Code

74873-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933097

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERBERT HOLTON

Mailing Address 402 W ROSE DR

City

TECUMSEH

State

OK

Zip Code

74873-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961832

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. HOLVE

Mailing Address 246 N. SWEETBRIAR AVENUE

City

LINDSAY

State

CA

Zip Code

93247-2419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIG EAGLE ENTERPRISES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951393

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

431.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1020 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. KLARA HOLZER**

Mailing Address **299 ARGUELLO BOULEVARD**  
**APARTMENT 302**

City State Zip Code  
**SAN FRANCISCO CA 94118-1434**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935254

Amount of Each Receipt this Period

**55.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**PETER HOMAN**

Mailing Address **15914 MONCURE DR.**

City State Zip Code  
**DUMFRIES VA 22025-1351**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ABEL IND**

Occupation  
**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13930595

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**PETER HOMAN**

Mailing Address **15914 MONCURE DR.**

City State Zip Code  
**DUMFRIES VA 22025-1351**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ABEL IND**

Occupation  
**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954889

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**205.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1021 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MABEL R. HOMZA

Mailing Address 902 PADGETT RD.

City

PONCE DE LEON

State

FL

Zip Code

32455-5971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962883

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

S C. HONG

Mailing Address 4315 MELISSA LN

City

DALLAS

State

TX

Zip Code

75229-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951688

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ADOLF U. HONKALA

Mailing Address 1500 WESTBROOK CT. APT. 2101

City

RICHMOND

State

VA

Zip Code

23227-3369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTING GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957087

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1022 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY K. HONSBERGER

Mailing Address 3406 COUNTY ROAD 149

City

ELMORE

State

OH

Zip Code

43416-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US POST OFFICE

Occupation

RURAL MAIL CARRIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943698

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LARRY K. HONSBERGER

Mailing Address 3406 COUNTY ROAD 149

City

ELMORE

State

OH

Zip Code

43416-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US POST OFFICE

Occupation

RURAL MAIL CARRIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963325

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA HOOD

Mailing Address 5005 E 117 ST

City

TULSA

State

OK

Zip Code

74137-8405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13948173

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1023 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. THOMAS E. HOOD

Mailing Address 1514 N 1880 W

City State Zip Code  
**PROVO UT 84604-2232**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931386

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. DONALD HOOK

Mailing Address 29518 WINDING BROOK DR.

City State Zip Code  
**MENIFEE CA 92584-7715**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969657

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MRS. MARY E. HOOKER

Mailing Address 9510 MIDER DR.

City State Zip Code  
**SAN ANTONIO TX 78216-4351**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 PRYSTASH INS. AGENCY

Occupation  
 BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959514

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1024 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY E. HOOKER

Mailing Address 9510 MIDER DR.

City

SAN ANTONIO

State

TX

Zip Code

78216-4351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRYSTASH INS. AGENCYOccupation  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13959551

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY E. HOOKER

Mailing Address 9510 MIDER DR.

City

SAN ANTONIO

State

TX

Zip Code

78216-4351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRYSTASH INS. AGENCYOccupation  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13959832

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MAX J. HOOKER

Mailing Address 16815 CHANDLER STREET

City

OMAHA

State

NE

Zip Code

68136-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13918783

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1025 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HOOPER, JR.

Mailing Address PO BOX 1692

City

CONROE

State

TX

Zip Code

77305-1692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955788

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HELEN HOOVER

Mailing Address 2645 E SOUTHERN AVE  
APT A235

City

TEMPE

State

AZ

Zip Code

85282-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931666

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HELEN HOOVER

Mailing Address 2645 E SOUTHERN AVE  
APT A235

City

TEMPE

State

AZ

Zip Code

85282-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971277

Amount of Each Receipt this Period

315.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1026 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELENE MAE HOOVER

Mailing Address 2645 E SOUTHERN AVE A-235

City

TEMPE

State

AZ

Zip Code

85282-7649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952618

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELENE MAE HOOVER

Mailing Address 2645 E SOUTHERN AVE A-235

City

TEMPE

State

AZ

Zip Code

85282-7649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971201

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. HOOVER

Mailing Address 1229 COLUMBIANA LISBON RD LOT

City

COLUMBIANA

State

OH

Zip Code

44408-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945473

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1027 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. RUTH HOOVER**

Mailing Address **34176 HOLKINS RD**

City State Zip Code  
**PHILADELPHIA NY 13673-2101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**335.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950297

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**JAMES HOPES**

Mailing Address **509 POINCIANA DRIVE**

City State Zip Code  
**FT. LAUDERDALE FL 33301-2705**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**10 / 23 / 2010**

Transaction ID: SA11.13947666

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. BILL J. HORNE, SR.**

Mailing Address **P.O. BOX 1543**

City State Zip Code  
**ADA OK 74821-1543**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CPA-BANKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**602.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935498

Amount of Each Receipt this Period

**402.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**492.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1028 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELSIE HORNER

Mailing Address P.O. BOX 6435

City

KENT

State

WA

Zip Code

98064-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935432

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELSIE HORNER

Mailing Address P.O. BOX 6435

City

KENT

State

WA

Zip Code

98064-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938264

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELSIE HORNER

Mailing Address P.O. BOX 6435

City

KENT

State

WA

Zip Code

98064-6435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947178

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

36.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1029 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**GREGORY M. HORNE**

Mailing Address **104 MISSION RDG**

City State Zip Code  
**MADISON MS 39110-7601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OMHORNE LLC**

Occupation  
**MATERIALS DISTRIBUTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**380.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13934842**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**GREGORY M. HORNE**

Mailing Address **104 MISSION RDG**

City State Zip Code  
**MADISON MS 39110-7601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OMHORNE LLC**

Occupation  
**MATERIALS DISTRIBUTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**380.00**

Date of Receipt

**11 / 17 / 2010**

**Transaction ID: SA11.13969841**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. TERRI A. HORNER**

Mailing Address **126 S PLUM ST APT 102**  
**APARTMENT 102**

City State Zip Code  
**VERMILLION SD 57069-3357**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13935122**

Amount of Each Receipt this Period

**10.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**210.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1030 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. TERRI A. HORNERMailing Address 126 S PLUM ST APT 102  
APARTMENT 102City State Zip Code  
VERMILLION SD 57069-3357FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938317

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. TERRI A. HORNERMailing Address 126 S PLUM ST APT 102  
APARTMENT 102City State Zip Code  
VERMILLION SD 57069-3357FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943433

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. RICHARD HOROWITZMailing Address 9301 WILSHIRE BLVD.  
SUITE 615City State Zip Code  
BEVERLY HILLS CA 90210-6172FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MANAGEMENT BROKERS HORIZO-  
NSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957635

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5040.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1031 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILL HORSLEY

Mailing Address 6 EVERGREEN LN

City

ANDOVER

State

MA

Zip Code

01810-4411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971352

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALVIN W. HORTON

Mailing Address 14905 BOTHELL EVERETT HWY. APT

City

MILL CREEK

State

WA

Zip Code

98012-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930093

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALVIN W. HORTON

Mailing Address 14905 BOTHELL EVERETT HWY. APT

City

MILL CREEK

State

WA

Zip Code

98012-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940904

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1032 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCES HORTON

Mailing Address 1178 SHEPHERDS WAY

City

GRACEVILLE

State

FL

Zip Code

32440-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957196

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM G. HORTSMAN

Mailing Address 985 TRACKERS GLEN AVE

City

HENDERSON

State

NV

Zip Code

89015-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952863

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE M. HORVATH

Mailing Address 4991 AZALEA CIRCLE

City

SAINT GEORGE

State

UT

Zip Code

84790-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936157

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1033 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELAINE HOSETH

Mailing Address 5051 77TH AVENUE NW

City

STANLEY

State

ND

Zip Code

58784-9087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947775

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JESSIE HOSKINS

Mailing Address 8563 NEW HAVEN RD.

City

HARRISON

State

OH

Zip Code

45030-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931361

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES HOTCHKISS

Mailing Address 445 BROWN BEAR LN

City

COLORADO SPRINGS

State

CO

Zip Code

80906-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918454

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1034 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHLEEN M. HOUGH

Mailing Address 9701 SPRING RIDGE LN.

City

VIENNA

State

VA

Zip Code

22182-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928954

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HANNAH HOUSMAN

Mailing Address 1047 50TH. ST. APT. 2  
APARTMENT 2

City

BROOKLYN

State

NY

Zip Code

11219-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933053

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HANNAH HOUSMAN

Mailing Address 1047 50TH. ST. APT. 2  
APARTMENT 2

City

BROOKLYN

State

NY

Zip Code

11219-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948935

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

161.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1035 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. HANNAH HOUSMAN**

Mailing Address **1047 50TH. ST. APT. 2**  
**APARTMENT 2**

City State Zip Code  
**BROOKLYN NY 11219-3340**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**286.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

**Transaction ID: SA11.13955807**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**GARY EARL HOVERSTEN**

Mailing Address **802 HIGH ST.**

City State Zip Code  
**WEBSTER CITY IA 50595-2524**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**525.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

**Transaction ID: SA11.13937315**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**GARY EARL HOVERSTEN**

Mailing Address **802 HIGH ST.**

City State Zip Code  
**WEBSTER CITY IA 50595-2524**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**525.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 2 / 2 0 1 0**

**Transaction ID: SA11.13964764**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1036 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY EARL HOVERSTEN

Mailing Address 802 HIGH ST.

City

WEBSTER CITY

State

IA

Zip Code

50595-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965550

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GARY EARL HOVERSTEN

Mailing Address 802 HIGH ST.

City

WEBSTER CITY

State

IA

Zip Code

50595-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966101

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BOYD HOWARD

Mailing Address P.O. BOX 334

City

GRAPELAND

State

TX

Zip Code

75844-0334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962491

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1037 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES G. HOWARD

Mailing Address P.O. BOX 471

City

MORGANTOWN

State

KY

Zip Code

42261-0471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933293

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CLARA H. HOWARD

Mailing Address 148 PRINCE ROYAL DR

City

CORTE MADERA

State

CA

Zip Code

94925-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955834

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARVEY J. HOWARD

Mailing Address 223 RICHMOND ST

City

LANCASTER

State

KY

Zip Code

40444-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1101.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951787

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1038 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. HARVEY J. HOWARD

Mailing Address 223 RICHMOND ST

City State Zip Code  
**LANCASTER KY 40444-1104**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1101.00

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953556

Amount of Each Receipt this Period

51.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. THOMAS HOWARD

Mailing Address 2004 COCHRAN RD

City State Zip Code  
**MARYVILLE TN 37803-2807**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931772

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MS. VIRGINIA M. HOWARD

Mailing Address 24846 20TH. AVE S

City State Zip Code  
**KENT WA 98032-4023**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954099

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**101.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1039 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA M. HOWARD

Mailing Address 24846 20TH. AVE S

City  
KENT

State  
WA

Zip Code  
98032-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972070

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. WILMA M. HOWARD

Mailing Address 13300 INDIAN ROCKS RD. APT. 15  
APARTMENT 1504

City  
LARGO

State  
FL

Zip Code  
33774-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956266

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. WILMA M. HOWARD

Mailing Address 13300 INDIAN ROCKS RD. APT. 15  
APARTMENT 1504

City  
LARGO

State  
FL

Zip Code  
33774-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961407

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1040 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DON N. HOWELL**

Mailing Address **1642 SILVER HILL RD**

City State Zip Code  
**STONE MTN GA 30087-2209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1900.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: **SA11.13940648**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY R. HOWELL**

Mailing Address **3707 HIGHWAY 15 N**

City State Zip Code  
**LAUREL MS 39440-1446**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: **SA11.13972864**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MAURICE HOWER**

Mailing Address **342 E ADAMS ST**

City State Zip Code  
**ORLEANS IN 47452-1405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: **SA11.13965420**

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1020.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1041 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN F. HOWLER

Mailing Address 599 WALLACE RD

City

CHERAW

State

SC

Zip Code

29520-6519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940607

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER W. HOWLAND

Mailing Address 37814 S GOLF COURSE DR.

City

TUCSON

State

AZ

Zip Code

85739-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956485

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT W. HOWLETT

Mailing Address 14 CRYSTAL TREE PASS

City

HENDERSON

State

NV

Zip Code

89052-6701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941931

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1042 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES HOYE

Mailing Address 8103 N 188TH EAST AVE

City

OWASSO

State

OK

Zip Code

74055-8236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.44

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946557

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES HOYE

Mailing Address 8103 N 188TH EAST AVE

City

OWASSO

State

OK

Zip Code

74055-8236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.44

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954053

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES HOYE

Mailing Address 8103 N 188TH EAST AVE

City

OWASSO

State

OK

Zip Code

74055-8236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.44

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956996

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1043 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT HROMADNIK

Mailing Address P.O. BOX 562

City

OSAWATOMIE

State

KS

Zip Code

66064-0562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13956729

Amount of Each Receipt this Period

600.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES N. HUBBARD, M.D.

Mailing Address 210 HABERSHAM PL

City

CARROLLTON

State

GA

Zip Code

30117-4152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	1	0

Transaction ID: SA11.13969917

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HOWARD HUBBARD

Mailing Address P.O. BOX 32

City

LEXINGTON

State

TN

Zip Code

38351-0032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934741

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1135.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1044 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. HUBBARD

Mailing Address 129 HERON PT

City

CHESTERTOWN

State

MD

Zip Code

21620-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968112

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARTIN L. HUBBARD

Mailing Address 3500 20TH. AVENUE CT. SE

City

PUYALLUP

State

WA

Zip Code

98372-4252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NICHOLSON'S PHARMACY INC

Occupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941772

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK S. HUBBARD

Mailing Address 5205 ELECTRIC AVE

City

HAMBURG

State

NY

Zip Code

14075-7537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960552

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1045 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL D. HUDGENS

Mailing Address 5275 SUNSET DR

City

LITTLETON

State

CO

Zip Code

80123-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHLEMBERGER

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918891

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BART HUDSON

Mailing Address 5805 IPSWICH ROAD

City

BETHESDA

State

MD

Zip Code

20814-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLORIDA HOUSE

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951066

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN E. HUDSON

Mailing Address 1515 PATHFINDER WAY SW

City

LILBURN

State

GA

Zip Code

30047-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KILPATRICK STOCKTON LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934983

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1046 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLEN S. HUDSPETH

Mailing Address 211 KNOLLWOOD ST

City

WINSTON SALEM

State

NC

Zip Code

27104-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935048

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALLEN S. HUDSPETH

Mailing Address 211 KNOLLWOOD ST

City

WINSTON SALEM

State

NC

Zip Code

27104-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972008

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. HUFF

Mailing Address 5020 PHILADELPHIA DR

City

DAYTON

State

OH

Zip Code

45415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955010

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1047 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GREGORY A. HUFFMAN

Mailing Address 1043 CABERNET DR

City

CHESTERFIELD

State

MO

Zip Code

63017-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRS TECHNOLOGIES INC.

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944045

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR M. HUGHES

Mailing Address 2100 S OCEAN DR  
APT 16A

City

FORT LAUDERDALE

State

FL

Zip Code

33316-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KNOWLEDGE BASED

Occupation  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928993

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILLY F. HUGHES

Mailing Address 908 9TH AVE W

City

SPENCER

State

IA

Zip Code

51301-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951488

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1048 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**EDWARD C. HUGHES**

Mailing Address **5419 TUNBRIDGE CROSSING**

City State Zip Code  
**FORT WAYNE IN 46815-8536**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEC-HACKETT INC**

Occupation  
**PRESIDENT/CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13929675**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**GLEN F. HUGHES**

Mailing Address **102 HONEYSUCKLE LN QUAIL ARBOR**  
**QUAIL ARBOR V**

City State Zip Code  
**SUMMERVILLE SC 29485-5413**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13933819**

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**GLEN F. HUGHES**

Mailing Address **102 HONEYSUCKLE LN QUAIL ARBOR**  
**QUAIL ARBOR V**

City State Zip Code  
**SUMMERVILLE SC 29485-5413**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13936297**

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**280.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1049 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**GLEN F. HUGHES**

Mailing Address **102 HONEYSUCKLE LN QUAIL ARBOR**  
**QUAIL ARBOR V**

City **SUMMERVILLE** State **SC** Zip Code **29485-5413**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13943594

Amount of Each Receipt this Period

10.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**GLEN F. HUGHES**

Mailing Address **102 HONEYSUCKLE LN QUAIL ARBOR**  
**QUAIL ARBOR V**

City **SUMMERVILLE** State **SC** Zip Code **29485-5413**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956171

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**GLEN F. HUGHES**

Mailing Address **102 HONEYSUCKLE LN QUAIL ARBOR**  
**QUAIL ARBOR V**

City **SUMMERVILLE** State **SC** Zip Code **29485-5413**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 1 / 2 0 1 0**

Transaction ID: SA11.13963314

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1050 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JAMES W. HUGHES

Mailing Address P.O. BOX 395

City

RINGOES

State

NJ

Zip Code

08551-0395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POWER SURVEY CO.

Occupation

VP REGULATORY AFFAIR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928030

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. HUGHES

Mailing Address 100 SAINT ANDREWS DR.

City

SCHERERVILLE

State

IN

Zip Code

46375-2953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960087

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. T. J. HUGHES

Mailing Address 1940 WEST GAINES

City

LAWRENCEBURG

State

TN

Zip Code

38464-3048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRIME SEATING LLC

Occupation

MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955863

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1051 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY HUGHES

Mailing Address 6513 TUCKER AVENUE

City

MCLEAN

State

VA

Zip Code

22101-5268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPACE EXPLORATION TECHNOL-  
OGIES

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964445

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES S. HUI

Mailing Address 20151 HARDWOOD TER

City

ASHBURN

State

VA

Zip Code

20147-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VDOT

Occupation  
ENGRG TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940603

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES S. HUI

Mailing Address 20151 HARDWOOD TER

City

ASHBURN

State

VA

Zip Code

20147-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VDOT

Occupation  
ENGRG TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945714

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1052 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MISS JANET M. HUIZENGA

Mailing Address 502 JENKRAN WAY UNIT 5

City State Zip Code  
**MORRISON IL 61270-3081**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957300

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MRS. SUZANNE HUIZINGA

Mailing Address 1231 ELMHURST DR

City State Zip Code  
**INDIANAPOLIS IN 46219-3622**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964184

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. FRED T. HULL

Mailing Address 49856 VIA CONQUISTADOR

City State Zip Code  
**LA QUINTA CA 92253-8421**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954657

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1053 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN F. HULL

Mailing Address 30 NEW BRITAIN AVE

City

UNIONVILLE

State

CT

Zip Code

06085-1291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946863

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. HULL, JR.

Mailing Address 3534 CARRIAGE HILL CIR  
APARTMENT 2

City

RANDALLSTOWN

State

MD

Zip Code

21133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958542

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TERRANCE HUMMEL

Mailing Address P.O. BOX 706

City

OAKLAND

State

IA

Zip Code

51560-0706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959699

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

191.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1054 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA E. HUMPHREYS

Mailing Address 1347 LAMAR SQUARE DR. APT. 201

City

AUSTIN

State

TX

Zip Code

78704-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SALES CLERK

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946245

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CYNTHIA E. HUMPHREYS

Mailing Address 1347 LAMAR SQUARE DR. APT. 201

City

AUSTIN

State

TX

Zip Code

78704-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SALES CLERK

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	0

Transaction ID: SA11.13971257

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DIANE S. HUMPHREY

Mailing Address 2279 E. 250 N.

City

BLUFFTON

State

IN

Zip Code

46714-9206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	0

Transaction ID: SA11.13969876

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1055 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS N. HUND

Mailing Address 2300 CEDAR ELM TER

City

WESTLAKE

State

TX

Zip Code

76262-9030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B N S F CORP.

Occupation

EXECUTIVE V. P. & C F O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945624

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TERRY L. HUNGERFORD

Mailing Address 107 BRAHM LOOP

City

LA GRANGE

State

TX

Zip Code

78945-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13947611

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LLOYD R. HUNSAKER

Mailing Address 293 W. 500 S.

City

LOGAN

State

UT

Zip Code

84321-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951708

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5070.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1056 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. LLOYD R. HUNSAKER

Mailing Address 293 W. 500 S.

City

LOGAN

State

UT

Zip Code

84321-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971995

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS H. HUNT

Mailing Address 4201 WINDSOR PARKWAY

City

DALLAS

State

TX

Zip Code

75205-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PETRO-HUNT, LLCOccupation  
DIRECTOR OF ACQUISITIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932337

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EARL E. HUNT

Mailing Address 3316 KENDALE AVE NW

City

CONCORD

State

NC

Zip Code

28027-9656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962726

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10145.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1057 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GAYLE G. HUNT

Mailing Address PO BOX 12220

City

EL PASO

State

TX

Zip Code

79913-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951151

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARRY H. HUNT, III

Mailing Address 800 HETHWOOD BLVD

City

BLACKSBURG

State

VA

Zip Code

24060-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H H HUNT

Occupation

CHAIRMAN / REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932475

Amount of Each Receipt this Period

165.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WOODROW HUNT

Mailing Address 7955 VIA CAPRI

City

LA JOLLA

State

CA

Zip Code

92037-4042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948923

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1058 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WOODY HUNT**

Mailing Address **PO BOX 12220**

City State Zip Code  
**EL PASO TX 79913-0220**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HUNT BUILDING CORPORATION**

Occupation  
**DEVELOPER/CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13951149**

Amount of Each Receipt this Period

**5000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. CLARICE HUNTER**

Mailing Address **423 HALSEY ST  
 FLOOR 1**

City State Zip Code  
**BROOKLYN NY 11233-1014**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HUNTER ARTS & CRAFTS**

Occupation  
**CLERK**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13930319**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. CLARICE HUNTER**

Mailing Address **423 HALSEY ST  
 FLOOR 1**

City State Zip Code  
**BROOKLYN NY 11233-1014**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HUNTER ARTS & CRAFTS**

Occupation  
**CLERK**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13944539**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**5075.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1059 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DONA J. HUNTER

Mailing Address 739 S 13TH. ST.

City

WORLAND

State

WY

Zip Code

82401-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955230

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. EMELINE T. HUNTER

Mailing Address 224 E LINDEN AVE

City

HADDON TWP

State

NJ

Zip Code

08108-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948558

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. EMELINE T. HUNTER

Mailing Address 224 E LINDEN AVE

City

HADDON TWP

State

NJ

Zip Code

08108-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950445

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

341.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1060 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

H. J. HUNTER

Mailing Address 744 SIERRA MADRE BLVD

City

SAN MARINO

State

CA

Zip Code

91108-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952845

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES S. HUNTER

Mailing Address 19330 BEAUFAIN ST

City

CORNELIUS

State

NC

Zip Code

28031-5531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929073

Amount of Each Receipt this Period

170.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JERRY HUNTER

Mailing Address 245 UNION BOULEVARD

City

ST. LOUIS

State

MO

Zip Code

63108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRYAN CAVE LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918860

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

895.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1061 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN E. HUNTER

Mailing Address 8802 ARAGON LN

City

KNOXVILLE

State

TN

Zip Code

37923-5828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931742

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOMER B. HUPF

Mailing Address 3543 ALABAMA HWY SW

City

ROME

State

GA

Zip Code

30165-7913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932522

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CRAIG HURLBERT

Mailing Address 14 FARINGTON WAY

City

SPRING

State

TX

Zip Code

77382-2651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957934

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1062 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. FRANCIS HURLEY**

Mailing Address **113 CHARLESBERRY LANE**

City State Zip Code  
**CHAPEL HILL NC 27517-7903**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935716

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. JANET C. HUSAT**

Mailing Address **434 BAYWOOD PLACE**

City State Zip Code  
**COLUMBUS OH 43230-2004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRANKLIN WOOD FACILITY**

Occupation  
**REGISTERED NURSE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962651

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. ETHEL HUSER**

Mailing Address **1704 DECATUR RD**

City State Zip Code  
**FREDONIA KS 66736-7328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960055

Amount of Each Receipt this Period

**90.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**165.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1063 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. HUSHEN

Mailing Address 2212 RYAN BLVD.

City

PUNTA GORDA

State

FL

Zip Code

33950-8173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941043

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. HUSHEN

Mailing Address 2212 RYAN BLVD.

City

PUNTA GORDA

State

FL

Zip Code

33950-8173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949125

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KARMA J. HUSTON

Mailing Address P.O. BOX 250424

City

W BLOOMFIELD

State

MI

Zip Code

48325-0424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST UNITED METHODIST CH-  
URCH

Occupation  
PASTORAL CAREGIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954476

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1064 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY M. HUTCHESON

Mailing Address 115 S HAWK DR

City

RAINBOW CITY

State

AL

Zip Code

35906-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2601.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954477

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. HUTCHESON

Mailing Address 4311 SHADOW OAK LAKE RD

City

AUSTIN

State

TX

Zip Code

78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEROES & LEGACIES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951592

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHNNY H. HUTTO, SR.

Mailing Address 221 MEADOWLINKS DRIVE

City

FORT GAINES

State

GA

Zip Code

39851-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969882

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1065 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
DONNA HUTTS

Mailing Address 16011 CASTLETOWN PARK CT.

City State Zip Code  
SPRING TX 77379-7670FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13977023

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

CHECK RETURNED BY BANK

**B.**Full Name (Last, First, Middle Initial)  
MS. VALERIE J. HUYETT

Mailing Address 120 PHEASANT RUN

City State Zip Code  
YORK HAVEN PA 17370-9594FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963183

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
REV. TZUYANG YANG HWANG, PH D

Mailing Address 11768 ROSEGLEN STREET

City State Zip Code  
EL MONTE CA 91732-1446FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AMERICAN CHICHOU THEO INSTOccupation  
PROFESSOR/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956739

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

-870.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1066 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LAURISSA W. HYATT

Mailing Address 4421 SOMERSET ST

City

LAKE CHARLES

State

LA

Zip Code

70605-3933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945410

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA HYDE

Mailing Address 3044 HARLEM AVE

City

RIVERSIDE

State

IL

Zip Code

60546-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936312

Amount of Each Receipt this Period

520.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID IBBETSON

Mailing Address 1275 70TH RD

City

YATES CENTER

State

KS

Zip Code

66783-5154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBBETSON BROTHERS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918451

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1067 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARL R. ICE

Mailing Address 2206 CEDAR ELM TER

City

WESTLAKE

State

TX

Zip Code

76262-9027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BNSF RAILWAY COMPANY

Occupation  
EVP & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961227

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CORNELIA IKENS

Mailing Address 2 CROSS DR.

City

WATERFORD

State

CT

Zip Code

06385-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958620

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. TARA IMANI

Mailing Address 916 HICKORY HOLLOW ST

City

HOUSTON

State

TX

Zip Code

77024-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TARA IMANI DESIGNS, LLC

Occupation  
ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958629

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1068 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**HELENE IMBER**

Mailing Address **36 AUGUSTA DR.**

City State Zip Code  
**CORTLANDT MNR NY 10567-3119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IRVINGTON UFSD**

Occupation  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13940670**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL H. IMMKE**

Mailing Address **14229 N 3000 EAST RD**

City State Zip Code  
**SAUNEMIN IL 61769-6085**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13918542**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. PAULINE INABNITT**

Mailing Address **926 CAMBRIDGE DR**

City State Zip Code  
**MASON OH 45040-1007**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**561.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13935204**

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**210.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1069 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DONALD L. INGALLS

Mailing Address 385 LAWSON RD

City

MATHEWS

State

AL

Zip Code

36052-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952293

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RODNEY H. INGRAHAM

Mailing Address 420 N ALMANSOR ST

City

ALHAMBRA

State

CA

Zip Code

91801-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934964

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY C. INGRUM

Mailing Address 1207 ALYDAR DR

City

MAHOMET

State

IL

Zip Code

61853-3732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEALTH ALLIANCE MEDICAL  
PLANSOccupation  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	0

Transaction ID: SA11.13928678

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

322.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1070 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA K. INMAN**

Mailing Address **1821 PLUMBAGO WAY**

City State Zip Code  
**NAPLES FL 34105-3061**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13928548

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. MARSAVELA IONEL**

Mailing Address **P.O. BOX 1548**

City State Zip Code  
**LOMA LINDA CA 92354-1548**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C & M TRANSPORT

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936813

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. MARSAVELA IONEL**

Mailing Address **P.O. BOX 1548**

City State Zip Code  
**LOMA LINDA CA 92354-1548**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C & M TRANSPORT

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13949630

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1071 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JACK C. IRELAND

Mailing Address 25711 E 19TH ST

City

CATOOSA

State

OK

Zip Code

74015-4568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951846

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHERYL IRELAND

Mailing Address 13368 LAKE SHORE DR

City

CLIVE

State

IA

Zip Code

50325-8740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL SANITARY SUPPLY

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950565

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BETTY K. ISBELL

Mailing Address 1888 EMERALD BAY DR

City

ROCKWALL

State

TX

Zip Code

75087-3283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939497

Amount of Each Receipt this Period

11.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

211.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1072 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BETTY S. ISLEY

Mailing Address 1276 KENNEDY FARM RD N

City

THOMASVILLE

State

NC

Zip Code

27360-8333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970060

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CASEY J. IVERSON

Mailing Address 3604 S BLAINE STREET LOT 4

City

GRAND ISLAND

State

NE

Zip Code

68801-8819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CHIROPRACTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946199

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARC IVERSON

Mailing Address 6037 SHARON ROAD

City

CHARLOTTE

State

NC

Zip Code

28210-6827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938782

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1073 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES BRUCE IVIE

Mailing Address 3176 CRESTVIEW CIRCLE

City

BOUNTIFUL

State

UT

Zip Code

84010-8217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVIS COUNTY

Occupation

REAL ESTATE APPRAISER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933315

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAM U. IWU

Mailing Address 421 DECATUR STREET, NW

City

WASHINGTON

State

DC

Zip Code

20011-4744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEXOSAM SERVICES LLC

Occupation

CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13966032

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. STEPHEN IZZI

Mailing Address 3226 PARLIAMENT PL

City

WEST FRIENDSHIP

State

MD

Zip Code

21794-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945587

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1151.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1074 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS JENIVIE L. JACK

Mailing Address 8544 SOUTHPORT DR.

City

EVANSVILLE

State

IN

Zip Code

47711-6344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1858.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931211

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS JENIVIE L. JACK

Mailing Address 8544 SOUTHPORT DR.

City

EVANSVILLE

State

IN

Zip Code

47711-6344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1858.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940693

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS JENIVIE L. JACK

Mailing Address 8544 SOUTHPORT DR.

City

EVANSVILLE

State

IN

Zip Code

47711-6344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1858.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964741

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

441.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1075 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MISS ELIZABETH JACKSON

Mailing Address **724 CLAYTON CORNERS DR.**

City State Zip Code  
**BALLWIN MO 63011-2839**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**813.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

**Transaction ID: SA11.13966568**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MISS EUNICE JACKSON

Mailing Address **4073 FOREST RIDGE BLVD**

City State Zip Code  
**DAYTON OH 45424-4834**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**365.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

**Transaction ID: SA11.13964789**

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 NANCY W. JACKSON

Mailing Address **1128 FRENCH TOWN LN.**

City State Zip Code  
**FRANKLIN TN 37067-4666**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

**Transaction ID: SA11.13947665**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**190.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1076 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. PAT P. JACKSON**

Mailing Address **214 S ROOSEVELT ST.**

City State Zip Code  
**MARION KS 66861-1352**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**590.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13944509**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL E. JACKSON**

Mailing Address **917 MARINA DR.**

City State Zip Code  
**P C BEACH FL 32407-5523**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**341.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13935277**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. RICHARD JACKSON, M.D.**

Mailing Address **8230 WALNUT HILL LANE  
 #220**

City State Zip Code  
**DALLAS TX 75231-4425**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DALLAS NEUROSURGICAL**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13955980**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1101.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1077 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MS. ROSALIE C. JACKSON

Mailing Address 4440 RUE SAINT PETER

City State Zip Code  
**KENNER LA 70065-1139**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13959048

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 WR JACKSON

Mailing Address 55 BURBANK LANE

City State Zip Code  
**YARMOUTH ME 04096-5927**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950434

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. CHARLES JACOBS

Mailing Address 401 9TH STREET N.W.  
 SUITE 900

City State Zip Code  
**WASHINGTON DC 20004-2145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 NIXON PEABODY

Occupation  
 ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**11 / 10 / 2010**

Transaction ID: SA11.13968710

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1078 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. EDWARD T. JACOBSON

Mailing Address **5003 PELICAN BLVD**

City State Zip Code  
**CAPE CORAL FL 33914-6526**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**11 / 19 / 2010**

**Transaction ID: SA11.13970953**

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. EMMETT R. JACOB

Mailing Address **11381 THRAILKILL RD**

City State Zip Code  
**ORIENT OH 43146-9731**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**445.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13940650**

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. EMMETT R. JACOB

Mailing Address **11381 THRAILKILL RD**

City State Zip Code  
**ORIENT OH 43146-9731**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**445.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13954231**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**160.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1079 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KAREN S. JACOBSON

Mailing Address 3308 WITMARSUM DRIVE

City

NORTH NEWTON

State

KS

Zip Code

67117-8052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918724

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LEONARD JACOB

Mailing Address 35 GREAT HILL RD.

City

KENNEBUNK

State

ME

Zip Code

04043-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945957

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LYLE L. JACOBSON

Mailing Address 257 W UTAH AVE

City

TOOELE

State

UT

Zip Code

84074-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934165

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1080 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LYLE L. JACOBSON

Mailing Address 257 W UTAH AVE

City

TOOELE

State

UT

Zip Code

84074-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968860

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NORMAN A. JACOBS

Mailing Address P.O. BOX 5462

City

CAREFREE

State

AZ

Zip Code

85377-5462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933328

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MURRAY JAEGER

Mailing Address 32007 INDUSTRIAL PARK DR

City

PINEHURST

State

TX

Zip Code

77362-3894

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TURN-TECH INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928011

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

476.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1081 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
KURT R. JAGGERS

Mailing Address 2 BLUE OAKS COURT

City State Zip Code  
PORTOLA VALLEY CA 94028-8075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TA ASSOCIATES

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951147

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ANDREW L. JAGODA, ESQ.

Mailing Address 14 PARADISE DRIVE

City State Zip Code  
SCARSDALE NY 10583-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KATTEN MUCHIN ROSENMAN LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928807

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ANDREW L. JAGODA, ESQ.

Mailing Address 14 PARADISE DRIVE

City State Zip Code  
SCARSDALE NY 10583-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KATTEN MUCHIN ROSENMAN LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951597

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1082 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. LOREN A. JAHN**

Mailing Address **13149 N COUNTRY CLUB CT**

City State Zip Code  
**PALOS HEIGHTS IL 60463-2727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956785

Amount of Each Receipt this Period

**160.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. EILEEN EILEEN JAILLET**

Mailing Address **11545 SW BEEF BEND RD. APT. 77**

City State Zip Code  
**PORTLAND OR 97224-2768**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946097

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. EILEEN EILEEN JAILLET**

Mailing Address **11545 SW BEEF BEND RD. APT. 77**

City State Zip Code  
**PORTLAND OR 97224-2768**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13958926

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**201.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1083 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROLAND A. JALBERT

Mailing Address 527 ROVER BLVD

City

LOS ALAMOS

State

NM

Zip Code

87544-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946911

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE JAMES

Mailing Address 451 GUARDS ROAD

City

GREENWICH

State

CT

Zip Code

06831-2666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951808

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN JAMESON

Mailing Address 300 WATERS DR. APT. B311

City

SOUTHERN PINES

State

NC

Zip Code

28387-2269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947517

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1084 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. JOHN N. JAMESON

Mailing Address PO BOX 453

City

PLAISTOW

State

NH

Zip Code

03865-0453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENT ADVISOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951478

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN H. JAMIESON

Mailing Address P.O. BOX 947

City

LARKSPUR

State

CA

Zip Code

94977-0947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934084

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN H. JAMIESON

Mailing Address P.O. BOX 947

City

LARKSPUR

State

CA

Zip Code

94977-0947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945757

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1085 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. JAMIESON

Mailing Address P.O. BOX 947

City

LARKSPUR

State

CA

Zip Code

94977-0947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949341

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. JAMIESON

Mailing Address P.O. BOX 947

City

LARKSPUR

State

CA

Zip Code

94977-0947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: SA11.13971986

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM JAMIESON

Mailing Address 281 ROSEMONT DR.

City

DURHAM

State

NC

Zip Code

27713-7595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945361

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1086 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
WALTER H. JAMISON

Mailing Address 949 HIGHLAND RD.

City State Zip Code  
NEWTOWN PA 18940-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937300

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. CARL JANO

Mailing Address 72 GAYNOR AVE

City State Zip Code  
MANHASSET NY 11030-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952223

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. MARK S. JANSEN

Mailing Address 6530 RIDGE ROAD

City State Zip Code  
PARKVILLE MO 64152-3133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLASSIC PARTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13938424

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1075.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1087 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. RICK JANSEN, JR.

Mailing Address **519 N MILWAUKEE AVE**

City State Zip Code  
**LIBERTYVILLE IL 60048-2018**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 TAVERN IN THE TOWN LTD.

Occupation  
 MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938490

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. ALAN JANSSEN

Mailing Address **107 W JEFFERSON ST**

City State Zip Code  
**BLOOMFIELD IA 52537-1617**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 JF COMPANY

Occupation  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951604

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. RAYMOND J. JARAMILLO

Mailing Address **6431 MONTEREY RD APT 3  
 APT 3**

City State Zip Code  
**LOS ANGELES CA 90042-4361**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953891

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1088 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH J. JARCHO**

Mailing Address **9976 OLD WAGON TRL.**

City State Zip Code  
**EDEN PRAIRIE MN 55347-4548**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**881.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943913

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH J. JARCHO**

Mailing Address **9976 OLD WAGON TRL.**

City State Zip Code  
**EDEN PRAIRIE MN 55347-4548**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**881.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954106

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. GLENN JARRETT**

Mailing Address **660 BIG FLAT RD**

City State Zip Code  
**MISSOULA MT 59804-9210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 08 / 2010**

Transaction ID: SA11.13966881

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**251.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1089 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DUANE JARVIS

Mailing Address 780 HARRINGTON WAY APT 203

City State Zip Code  
FOLSOM CA 95630-3461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956650

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
GARY JASON

Mailing Address 875 AVIENDA ACAPULCO

City State Zip Code  
SAN CLEMENTE CA 92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930532

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. SCOTT JAVINS

Mailing Address 1905 DON AVE

City State Zip Code  
WESTMINSTER MD 21157-7347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13967627

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

265.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1090 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DAVID JEALOUS**

Mailing Address **232 BLAKE HILL -T**

City State Zip Code  
**WOODSTOCK VT 05091-9761**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961826

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GENE D. JEFFERSON**

Mailing Address **5064 APPALOOSA CT**

City State Zip Code  
**PLAINFIELD IN 46168-8468**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**MINISTER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952412

Amount of Each Receipt this Period

**65.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. PHYLLIS J. JEFFERS**

Mailing Address **37 PAYNE RIVER CIRCLE**

City State Zip Code  
**SACRAMENTO CA 95831-3308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931578

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**215.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1091 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS J. JEFFERS

Mailing Address 37 PAYNE RIVER CIRCLE

City

SACRAMENTO

State

CA

Zip Code

95831-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932942

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TERRY J. JEFFRIES

Mailing Address 409 SW 24TH ST

City

SEMINOLE

State

TX

Zip Code

79360-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931887

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL JELENIEWSKI

Mailing Address 14051 BARBARA STREET

City

LIVONIA

State

MI

Zip Code

48154-5329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918571

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

181.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1092 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**RAYMOND E. JEMISON**

Mailing Address **230 SUNNYSIDE RD**

City State Zip Code  
**NORWOOD MA 02062-4750**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**212.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930732

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**RAYMOND E. JEMISON**

Mailing Address **230 SUNNYSIDE RD**

City State Zip Code  
**NORWOOD MA 02062-4750**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**212.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944520

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT R. JENNINGS**

Mailing Address **18419 JOVAN ST**

City State Zip Code  
**TARZANA CA 91335-7044**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MERCURY MESSENGER SVC**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**MESSENGER**

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940575

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**85.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1093 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. THOMAS JENNINGS**

Mailing Address **120 NATHANAELS CROSSING DR**

City State Zip Code  
**COLUMBIA TN 38401-5200**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**REDMAN-DAVIS INSURANCE**

Occupation  
**INSURANCE AGENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13937196

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**CARL P. JENSEN**

Mailing Address **504 N SHAMROCK RD.**

City State Zip Code  
**BEL AIR MD 21014-3348**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13937275

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. HELEN JENSEN**

Mailing Address **1525 JENSEN AVE**

City State Zip Code  
**SANGER CA 93657-2819**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931558

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1094 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. JENSEN

Mailing Address P.O. BOX 1152

City

BEVERLY HILLS

State

CA

Zip Code

90213-1152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: SA11.13968849

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARGENE HILTON JENSEN

Mailing Address 10318 GOLDEN OAK LN.

City

HIGHLAND

State

UT

Zip Code

84003-9440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939266

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NOBY R. JENSEN

Mailing Address 497 OLD CHARLES TOWN RD.

City

STEPHENSON

State

VA

Zip Code

22656-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13971740

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1095 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT H. JENSEN

Mailing Address 1598 LANCASTER ST

City

PRESCOTT

State

AZ

Zip Code

86301-6530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930220

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID K. JEPSEN

Mailing Address 295 BOEING CT

City

LIVERMORE

State

CA

Zip Code

94551-9258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959039

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. JESULAITIS

Mailing Address 13701 GREENFIELD WAY  
APARTMENT 105

City

SOUTHGATE

State

MI

Zip Code

48195-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929328

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

671.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1096 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. MARY C. JETT**

Mailing Address **201 RUFFIAN CT**

City State Zip Code  
**FRANKFORT KY 40601-5366**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13948014**

Amount of Each Receipt this Period

**30.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. BILLY JEWELL**

Mailing Address **4206 19TH ST**

City State Zip Code  
**LUBBOCK TX 79407-2405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONVACAREINC.**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**470.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13942536**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**LUCILLE JEWETT**

Mailing Address **2990 BROADWAY ST.**

City State Zip Code  
**SAN FRANCISCO CA 94115-1062**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13954025**

Amount of Each Receipt this Period

**400.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**530.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1097 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HUBIN JIANG

Mailing Address 10359 CAROL STREET

City

GREAT FALLS

State

VA

Zip Code

22066-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948192

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD JIRELE

Mailing Address P.O. BOX 802047

City

SANTA CLARITA

State

CA

Zip Code

91380-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963179

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JERRY D. JOBE

Mailing Address 1610 HEATHER LN

City

DARIEN

State

IL

Zip Code

60561-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918741

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1098 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD EVERETT JOCELYN**

Mailing Address **139 N BELMONT ST APT O**

City State Zip Code  
**GLENDAL CA 91206-4910**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RALPH'S GROCERY STORE**

Occupation  
**DEPARTMENT HEAD**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**355.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13962095

Amount of Each Receipt this Period

**55.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**WALTER D. JOHANN**

Mailing Address **3510 FORESTOAK CT**

City State Zip Code  
**CINCINNATI OH 45208-1808**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935733

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ANN JOHNSON**

Mailing Address **102 SHORELAKE DR APT D**

City State Zip Code  
**GREENSBORO NC 27455-1474**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**431.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933305

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**206.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1099 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. BASIL CHARLES JOHNSON

Mailing Address 20 E PAMELA RD.

City State Zip Code  
**ARCADIA CA 91006-4064**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932597

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. BASIL CHARLES JOHNSON

Mailing Address 20 E PAMELA RD.

City State Zip Code  
**ARCADIA CA 91006-4064**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937209

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. BEN JOHNSON, III

Mailing Address P.O. BOX 632  
 1014 POLK STREET

City State Zip Code  
**MANSFIELD LA 71052-0632**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 OIL & GAS PRODUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932340

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2126.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1100 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BONNIE JOHNSON

Mailing Address 351 KLONDIKE DR

City

WARM SPRINGS

State

VA

Zip Code

24484-2264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937781

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BONNIE JOHNSON

Mailing Address 351 KLONDIKE DR

City

WARM SPRINGS

State

VA

Zip Code

24484-2264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958898

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY C. JOHNS

Mailing Address 5935 N. CAMINO DEL CONDE

City

TUCSON

State

AZ

Zip Code

85718-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938510

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1101 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
CRAIG L. JOHNSON

Mailing Address 38794 N OAKCREST LN.

City State Zip Code  
WADSWORTH IL 60083-9556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZERO AIR INC

Occupation  
DIRECTOR OF AVIATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944331

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DEBORAH N. JOHNSON

Mailing Address P.O. BOX 1285

City State Zip Code  
ASPEN CO 81612-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959360

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. DOROTHY JOHNSON

Mailing Address 7304 MARIPOSA DR.

City State Zip Code  
MANASSAS VA 20112-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928560

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1102 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. DOROTHY JOHNSON**

Mailing Address **7304 MARIPOSA DR.**

City State Zip Code  
**MANASSAS VA 20112-3614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13942445

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**E. JOHNSON**

Mailing Address **527 KEN MILLER RD.**

City State Zip Code  
**RUTHERFORDTON NC 28139-6811**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**901.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949954

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**ELEANOR JOHNSON**

Mailing Address **63 VILLAGE ST**

City State Zip Code  
**MARBLEHEAD MA 01945-2233**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**252.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941463

Amount of Each Receipt this Period

**71.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**271.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1103 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK W. JOHNSON

Mailing Address 70 MAPLE AVENUE

City

LEOMINSTER

State

MA

Zip Code

01453-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942241

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK W. JOHNSON

Mailing Address 70 MAPLE AVENUE

City

LEOMINSTER

State

MA

Zip Code

01453-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971696

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD C. JOHNSON

Mailing Address 50 TALLWOOD CT

City

ATHERTON

State

CA

Zip Code

94027-6432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J CYRIL JOHNSON INV. CORP.

Occupation  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935439

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

36.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1104 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936154

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937254

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949193

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1105 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963022

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963052

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GRANT W. JOHNSON

Mailing Address 2118 WYNKOOP DR.

City

COLORADO SPRINGS

State

CO

Zip Code

80909-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940331

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1106 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**HUNTER JOHNSON, JR.**

Mailing Address **5633 RIVIERA AVE**

City State Zip Code  
**BANNING CA 92220-5343**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.50**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959789

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. JACKIE H. JOHNSON**

Mailing Address **5233 LA CANADA BLVD.**

City State Zip Code  
**LA CANADA FLINTRID CA 91011-1719**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965759

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JEAN W. JOHNSON**

Mailing Address **4555 35TH AVENUE APT 110**

City State Zip Code  
**MERIDIAN MS 39305-2513**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928329

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**90.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1107 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY JOHNSON

Mailing Address 10730 MCCREIGHT ST

City

BASTROP

State

LA

Zip Code

71220-2475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954143

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOANNE JOHNSON

Mailing Address P.O. BOX 66

City

RIDDLE

State

OR

Zip Code

97469-0066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946193

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOANNE T. JOHNSON

Mailing Address 70 ROBLEY RD

City

SALINAS

State

CA

Zip Code

93908-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931520

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1108 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. KARIN ANN JOHNSON**

Mailing Address **1623 EAST 32ND PLACE**

City State Zip Code  
**TULSA OK 74105-2127**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957920

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MISS KATHRYN H. JOHNSTON**

Mailing Address **139 HORTON**

City State Zip Code  
**KYLE TX 78640-4304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13960717

Amount of Each Receipt this Period

**160.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH JOHNSON**

Mailing Address **2674 JOCKEYS NECK TRL**

City State Zip Code  
**WILLIAMSBURG VA 23185-8056**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13947845

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**610.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1109 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. KRISTINA K. JOHNSON**

Mailing Address **16 WALNUT PL.**

City State Zip Code  
**COVINGTON LA 70433-5731**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: **SA11.13941798**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. LELAND E. JOHNSON**

Mailing Address **415 WALLS WAY**

City State Zip Code  
**OSPREY FL 34229-9068**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**440.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: **SA11.13961530**

Amount of Each Receipt this Period

**165.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. LLOYD O. JOHNSON**

Mailing Address **7268 W CAMERO AVE**

City State Zip Code  
**LAS VEGAS NV 89113-4643**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: **SA11.13931695**

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**375.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1110 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MALCOLM C. JOHNSON

Mailing Address 112 SAWGRASS DR

City

DOTHAN

State

AL

Zip Code

36303-6804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXPRESS SOUTH, LLC

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13938449

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY JOHNSON

Mailing Address 8596 GARDEN OF EDEN RD

City

SEDRO WOOLLEY

State

WA

Zip Code

98284-8751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941042

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARK C. JOHNSON

Mailing Address P.O. BOX 933

City

ROGUE RIVER

State

OR

Zip Code

97537-0933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946734

Amount of Each Receipt this Period

26.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

176.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1111 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. MARJORIE M. JOHNSON**

Mailing Address **4104 PROVIDENCE DR.**

City State Zip Code  
**SAINT CHARLES MO 63304-5547**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935088

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. JOHNSON**

Mailing Address **5702 CLUB COURSE DR**

City State Zip Code  
**NORTH MYRTLE BEACH SC 29582-9448**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935787

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. MIRIAM E. JOHNS**

Mailing Address **5 OVERHOLT DR**

City State Zip Code  
**DOYLESTOWN PA 18902-1166**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941512

Amount of Each Receipt this Period

**41.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**691.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1112 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY JOHNSON

Mailing Address 6403 MEADE DR.

City

COLLEYVILLE

State

TX

Zip Code

76034-5779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROGERS O'BRIEN CONSTRUTION  
CO.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943172

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY D. JOHNSON

Mailing Address 124 W. LA PINTURA

City

GREEN VALLEY

State

AZ

Zip Code

85614-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933362

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PARKE B. JOHNSTON

Mailing Address 10200 HUMPHREY RD

City

CINCINNATI

State

OH

Zip Code

45242-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943720

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

401.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1113 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. PARKE B. JOHNSTON**

Mailing Address **10200 HUMPHREY RD**

City State Zip Code  
**CINCINNATI OH 45242-4624**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**880.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960460

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. PATSY L. JOHNSON**

Mailing Address **2450 WATKINS LAKE RD**

City State Zip Code  
**WATERFORD MI 48328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**695.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938533

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL E. JOHNSON**

Mailing Address **309 WEST PINEHURST**

City State Zip Code  
**DAKOTA DUNES SD 57049-5234**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIDLANDS CLINIC, PC**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 23 / 2010**

Transaction ID: SA11.13947642

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**240.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1114 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL S. JOHNSON

Mailing Address 880 MAONARCH PLACE

City

KERSHAW

State

SC

Zip Code

29067-9766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SBA NETWORK SERVICES INC.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945571

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PHILIP B. JOHNSON

Mailing Address 7600 POISON SPIDER RD.

City

CASPER

State

WY

Zip Code

82604-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958693

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS A. JOHNSON

Mailing Address 5250 VILLA WAY  
APARTMENT 228

City

EDINA

State

MN

Zip Code

55436-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928914

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

189.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1115 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. RACHEL PLUMMER JOHNSON

Mailing Address 326 SCOTT AVE

City State Zip Code  
PARIS KY 40361-1953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936530

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
RICHARD A. JOHNSON

Mailing Address 15411 W93RD STREET

City State Zip Code  
LENEXA KS 66219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941459

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ROBERT JOHNSON

Mailing Address 19595 GILBERTSONS HILL

City State Zip Code  
MORA MN 55051-6570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944380

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

127.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1116 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT JOHNSON

Mailing Address 19595 GILBERTSONS HILL

City

MORA

State

MN

Zip Code

55051-6570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945014

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT JOHNSON

Mailing Address 19595 GILBERTSONS HILL

City

MORA

State

MN

Zip Code

55051-6570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955530

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT JOHNSON

Mailing Address 19595 GILBERTSONS HILL

City

MORA

State

MN

Zip Code

55051-6570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973196

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1117 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT G. JOHNSON

Mailing Address 6450 ELLENWOOD AVE

City

SAINT LOUIS

State

MO

Zip Code

63105-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. LOUIS UNIVERSITY

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928804

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT R. JOHNS

Mailing Address 304 AZALEA STREET

City

LAFAYETTE

State

LA

Zip Code

70506-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOSPITAL CORP OF AMERICA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949815

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGER JOHNSON

Mailing Address 10494 MEADOW GLEN WAY E

City

ESCONDIDO

State

CA

Zip Code

92026-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945403

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1118 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RONALD R. JOHNSON**

Mailing Address **1823 S MAIN ST**

City State Zip Code  
**WEATHERFORD TX 76086-5505**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MTMC**

Occupation  
**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: **SA11.13939026**

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RONALD R. JOHNSON**

Mailing Address **1823 S MAIN ST**

City State Zip Code  
**WEATHERFORD TX 76086-5505**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MTMC**

Occupation  
**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: **SA11.13939832**

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS JOHNS**

Mailing Address **5236 KIRKWALL LN**

City State Zip Code  
**BIRMINGHAM AL 35242-4123**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**575.00**

Date of Receipt

**11 / 09 / 2010**

Transaction ID: **SA11.13967280**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**301.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1119 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. VALERIE A. JOHNSON EVES**

Mailing Address **2118 PEREGRINE COURT**

City State Zip Code  
**WEST LINN OR 97068-2829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHNSON HOLDINGS, INC.**

Occupation  
**PRESIDENT OF LUMBER COMPANIES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13959331

Amount of Each Receipt this Period

**10000.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**VAUGHNCILLE JOHNSON**

Mailing Address **8550 TELFORD LN**

City State Zip Code  
**MINNEAPOLIS MN 55443-3744**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1814.50**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13931117

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**VAUGHNCILLE JOHNSON**

Mailing Address **8550 TELFORD LN**

City State Zip Code  
**MINNEAPOLIS MN 55443-3744**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1814.50**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13942182

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**10075.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1120 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**VAUGHNCILLE JOHNSON**

Mailing Address **8550 TELFORD LN**

City State Zip Code  
**MINNEAPOLIS MN 55443-3744**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1814.50**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943089

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**VAUGHNCILLE JOHNSON**

Mailing Address **8550 TELFORD LN**

City State Zip Code  
**MINNEAPOLIS MN 55443-3744**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1814.50**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945683

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**VAUGHNCILLE JOHNSON**

Mailing Address **8550 TELFORD LN**

City State Zip Code  
**MINNEAPOLIS MN 55443-3744**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1814.50**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946539

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**175.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1121 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. WALT JOHNSON**

Mailing Address **6907 ARLETA AVE.**

City State Zip Code  
**BAKERSFIELD CA 93308-3861**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13945686

Amount of Each Receipt this Period

55.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. WAYNE JOHNSON**

Mailing Address **4433 CONSTANCE BLVD NE**

City State Zip Code  
**ANDOVER MN 55304-5914**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13928815

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM K. JOHNSON**

Mailing Address **105 MILITIA CT**

City State Zip Code  
**YORKTOWN VA 23693-4634**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931779

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1122 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. WILLIE LEE JOHNSON

Mailing Address 62 MARINERS DR.

City State Zip Code  
MILLEDGEVILLE GA 31061-7878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965391

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. PATRICIA H. JOKLIK

Mailing Address 3115 CORNWALL RD

City State Zip Code  
DURHAM NC 27707-5101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937421

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. KATHLEEN JOLLEY

Mailing Address 6750 QUEENS VIEW CIR

City State Zip Code  
ANCHORAGE AK 99504-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943510

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1123 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. JOLLY

Mailing Address 172 BALMORAL DR

City

MOORESVILLE

State

NC

Zip Code

28117-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944751

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. JOLLY

Mailing Address 172 BALMORAL DR

City

MOORESVILLE

State

NC

Zip Code

28117-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958658

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ALISON JONES

Mailing Address 2300 N VERMILION ST

City

DANVILLE

State

IL

Zip Code

61832-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942546

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1124 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY H. JONES

Mailing Address 3817 ASCOT LN

City

HOUSTON

State

TX

Zip Code

77092-8305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELLA BLVD MTRS

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949141

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BONITA L. JONES

Mailing Address 525 75TH ST SE

City

EVERETT

State

WA

Zip Code

98203-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13932465

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARL JONES

Mailing Address 13 FLORENCE DRIVE

City

CLARK

State

NJ

Zip Code

07066-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

TEMPORARY OFFICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13931447

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1125 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. CASEY M. JONES

Mailing Address 4864 WEST LINE RD

City State Zip Code  
WHITESBORO TX 76273-5175FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932543

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. DELWIN G. JONESMailing Address 1300 N MCCLINTOCK DR.  
STE B4City State Zip Code  
CHANDLER AZ 85226-7241FEC ID number of contributing  
federal political committee.**C**Name of Employer  
DELWIN G. JONES CPA, INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955914

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
DONNA M. JONES

Mailing Address 2617 CLUBLAKE TRL.

City State Zip Code  
MCKINNEY TX 75070-4007FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930300

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

251.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1126 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONNA M. JONES

Mailing Address 2617 CLUBLAKE TRL.

City

MCKINNEY

State

TX

Zip Code

75070-4007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950153

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DUDLEY DAVENPORT JONES, M.D.

Mailing Address 300 N CREEKWOOD DR

City

MANSFIELD

State

TX

Zip Code

76063-5428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARLINGTON PATHOLOGY ASSOC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941077

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DUDLEY DAVENPORT JONES, M.D.

Mailing Address 300 N CREEKWOOD DR

City

MANSFIELD

State

TX

Zip Code

76063-5428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARLINGTON PATHOLOGY ASSOC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	0

Transaction ID: SA11.13969859

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1127 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH L. JONES

Mailing Address 217 ESSEX MDWS

City

ESSEX

State

CT

Zip Code

06426-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13948829

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GEORGE B. JONES, JR.

Mailing Address 264 FOUNTAIN ST.

City

PHILADELPHIA

State

PA

Zip Code

19128-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961916

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JENK JONES, JR.

Mailing Address 6447 LOUIS MILLS AVE

City

TULSA

State

OK

Zip Code

74136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969211

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1128 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOANNE L. JONES

Mailing Address 5021 MONTEVERDE LN.

City

LINCOLN

State

CA

Zip Code

95648-7912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934637

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOANNE L. JONES

Mailing Address 5021 MONTEVERDE LN.

City

LINCOLN

State

CA

Zip Code

95648-7912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935025

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOANNE L. JONES

Mailing Address 5021 MONTEVERDE LN.

City

LINCOLN

State

CA

Zip Code

95648-7912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936601

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

81.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1129 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOYCE E. JONES

Mailing Address 1302 NE TRILEIN DR

City

ANKENY

State

IA

Zip Code

50021-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966918

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KATHY J. JONES

Mailing Address 5702 RIDGEROAD DR NW

City

PIEDMONT

State

OK

Zip Code

73078-9728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970052

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH L. JONES

Mailing Address 2227 LIBBEY DRIVE

City

HOUSTON

State

TX

Zip Code

77018-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KCS RESPIRCS INC.

Occupation  
PETROLEUM LAND MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936290

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1130 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LLOYD H. JONES**

Mailing Address **7874 N COUNTY RD. 1150 W**

City State Zip Code  
**W BADEN SPRGS IN 47469-9637**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

**Transaction ID: SA11.13943175**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. LYNN F. JONES**

Mailing Address **1907 MILLER AVE**

City State Zip Code  
**MISSION TX 78572-2957**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

**Transaction ID: SA11.13939261**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MARY JAYNE JONES**

Mailing Address **4170 BOULEVARD PLACE**

City State Zip Code  
**MERCER ISLAND WA 98040-3404**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 7 / 2 0 1 0**

**Transaction ID: SA11.13928785**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1140.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1131 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY P. JONES

Mailing Address 3218 HALL CIRCLE

City

DULUTH

State

GA

Zip Code

30096-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963702

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MAURICE JONES

Mailing Address 485 HIGHWAY 30 E

City

BOONEVILLE

State

MS

Zip Code

38829-7960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928035

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER G. JONES

Mailing Address 11705 EDEN GLEN DR

City

CARMEL

State

IN

Zip Code

46033-4336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944607

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1132 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER G. JONES

Mailing Address 11705 EDEN GLEN DR

City

CARMEL

State

IN

Zip Code

46033-4336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951951

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD JONES

Mailing Address 1 LITTLE PINE ROAD

City

BEDFORD CORNERS

State

NY

Zip Code

10549-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBS CORPORATION

Occupation  
MEDIA EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951661

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD G. JONES

Mailing Address 821 BRIGHTON ROAD

City

TONAWANDA

State

NY

Zip Code

14150-7050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939059

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

296.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1133 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. RONALD G. JONES

Mailing Address **821 BRIGHTON ROAD**

City State Zip Code  
**TONAWANDA NY 14150-7050**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**242.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13949946**

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. RONALD G. JONES

Mailing Address **821 BRIGHTON ROAD**

City State Zip Code  
**TONAWANDA NY 14150-7050**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**242.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13972762**

Amount of Each Receipt this Period

**21.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. SAUNDERS JONES

Mailing Address **66 PINE CREST RD**

City State Zip Code  
**BIRMINGHAM AL 35223-1262**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**800.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13950436**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**141.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1134 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. W. MAT JONES

Mailing Address 719 E MAIN STREET

City

GATESVILLE

State

TX

Zip Code

76528-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966787

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WINFRED JONES

Mailing Address P.O. BOX 830

City

HUMBOLDT

State

TN

Zip Code

38343-0830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961847

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL C. JOQUEL

Mailing Address 1701 W 11TH ST

City

SEDALIA

State

MO

Zip Code

65301-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930234

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

201.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1135 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. BOYD L. JORDAN**

Mailing Address **5023 BETHANY BOWERSVILLE RD**

City State Zip Code  
**CANON GA 30520-3451**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**COURT REPORTER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**660.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13951586**

Amount of Each Receipt this Period

**110.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID C. JORDAN**

Mailing Address **916 FAIRLAWN AVE.**

City State Zip Code  
**LIBERTYVILLE IL 60048-3046**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ABBOTT**

Occupation  
**STATISTICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13958341**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN JORDAN**

Mailing Address **94 S TOMBAY RD**

City State Zip Code  
**BENNETT CO 80102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**245.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13960747**

Amount of Each Receipt this Period

**55.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**215.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1136 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN R. JORDAN**

Mailing Address **3104 Q. W. HIGHWAY 86**  
**UNIT Q**

City State Zip Code  
**BRAWLEY CA 92227**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972860

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD S. JORDAN**

Mailing Address **1735 N AMARADO CT**

City State Zip Code  
**WICHITA KS 67212-1229**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13962367

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. SAMUEL T. JORDAN**

Mailing Address **1325 LARA CIR UNIT 102**

City State Zip Code  
**ROCKLEDGE FL 32955-4460**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**305.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931824

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1137 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. C. E. JORDON

Mailing Address 800 GEORGIA AVE

City

BURLESON

State

TX

Zip Code

76028-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939131

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. JORDT

Mailing Address 5003 CLUBHOUSE DR

City

NEW BERN

State

NC

Zip Code

28562-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951496

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOSE P. JORGE

Mailing Address 118 INMAN STREET APT 1

City

CAMBRIDGE

State

MA

Zip Code

02139-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954819

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1138 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KRAIG JORGENSEN

Mailing Address 6589 EAGLE DR NE

City

MOSES LAKE

State

WA

Zip Code

98837-9573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEARING SALES INC.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13959608

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ABRAHAM JOU

Mailing Address 2332-A WALSH AVE.

City

SANTA CLARA

State

CA

Zip Code

95051-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAYEASE CORP.Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964443

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PRANI JUCKNISS

Mailing Address 4724 SE WILSHIRE TER

City

LAWTON

State

OK

Zip Code

73501-6430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949170

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

740.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1139 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MRS. ALICE G. JUDD

Mailing Address P.O. BOX 396

City

PLEASANT VLY

State

CT

Zip Code

06063-0396

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944190

Amount of Each Receipt this Period

3.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DALE JUNTILLA

Mailing Address 754 CASTLEMAN DR.

City

WESTFIELD

State

NJ

Zip Code

07090-2010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954119

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GILBERT G. JURENKA

Mailing Address 210 DORAL LN

City

ROCKPORT

State

TX

Zip Code

78382-6913

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936464

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

29.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1140 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DANGUOLE JURGUTIS

Mailing Address 5842 GLEN EAGLES DR.

City State Zip Code  
W BLOOMFIELD MI 48323-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957287

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. VICTOR R. JURY, SR.

Mailing Address 8308 THISTLE CT

City State Zip Code  
NORTH RICHLAND HIL TX 76182-8640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945070

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ROBERT JUST

Mailing Address 146 STAHL DR

City State Zip Code  
SMITHTON IL 62285-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941486

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

301.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1141 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. KACALA, III

Mailing Address 2855 HOMEYER RD

City

**N TONAWANDA**

State

**NY**

Zip Code

**14120-1025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

**ELDER CARE**

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956488**

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE KADISH

Mailing Address 135 JERICHO TURNPIKE

City

**OLD WESTBURY**

State

**NY**

Zip Code

**11568-1508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FIRST FISCAL FUND COMPANY

Occupation

**BUSINESSMAN**

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13951143**

Amount of Each Receipt this Period

**10000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DIETER KAESGEN

Mailing Address 19460 FRAZIER DR.

City

**ROCKY RIVER**

State

**OH**

Zip Code

**44116-1727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

**RETIRED**

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 15 / 2010**

**Transaction ID: SA11.13931258**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**10450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1142 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. DIETER KAESGEN**

Mailing Address **19460 FRAZIER DR.**

City State Zip Code  
**ROCKY RIVER OH 44116-1727**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13955069

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**RONALD KAHN**

Mailing Address **1200 BRIARCREST DR  
 STE 4000**

City State Zip Code  
**BRYAN TX 77802-5234**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**LONESTAR HEALTHCARE GROUP**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13928857

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS A. KAHR**

Mailing Address **506 TANASI LAGOON DR**

City State Zip Code  
**LOUDON TN 37774-3232**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13940653

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1143 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. PATRICIA H. KALAN**

Mailing Address **3185 BROADMOOR AVE**

City State Zip Code  
**COLUMBUS OH 43209-2004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TRANS HEALTH**

Occupation  
**REGISTERED NURSE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**421.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942590

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PETER S. KALIKOW**

Mailing Address **101 PARK AVENUE  
25TH FLOOR**

City State Zip Code  
**NEW YORK NY 10178-0002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**H.J. KALIKOW & COMPANY**

Occupation  
**REAL ESTATE EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13951140

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MARILYN KALIN**

Mailing Address **251 HELM LN.**

City State Zip Code  
**BAY SHORE NY 11706-8109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950133

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5160.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1144 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANICE G. KALISKI

Mailing Address 142 PEAK ST

City

MANCHESTER

State

NH

Zip Code

03104-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NHCTC-MANCHESTER

Occupation

COLLEGE PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931518

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH J. KALL

Mailing Address 5503 COKE AVENUE

City

LAKEWOOD

State

CA

Zip Code

90712-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960334

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TOM KALLENBERG

Mailing Address 1377 CR 456

City

PRINCETON

State

TX

Zip Code

75407-5089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951603

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1145 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. JOHN E. KALMEY

Mailing Address 2640 ZARING MILL RD.

City State Zip Code  
**SHELBYVILLE KY 40065-9241**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931410

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MS. KAREN L. KAMP

Mailing Address 5124 WILDFLOWER WAY

City State Zip Code  
**FORT WORTH TX 76123-1948**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950561

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MELVYN KANAI

Mailing Address 718 OLD SAN FRANCISCO RD. APT.

City State Zip Code  
**SUNNYVALE CA 94086-8057**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969270

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1146 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE V. KANE, JR.

Mailing Address 6236 CEDAR CREEK DR

City

HOUSTON

State

TX

Zip Code

77057-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933499

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEAN KANE

Mailing Address 3516 HARLINGTON LN.

City

RICHARDSON

State

TX

Zip Code

75082-3536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941642

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. KANE

Mailing Address PO BOX 518

City

BARTLESVILLE

State

OK

Zip Code

74005-0518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
OIL & GAS PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13932343

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1121.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1147 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW G. KANELOS

Mailing Address 7022 GARDNER POND CT APT 1  
APT. 1

City	State	Zip Code
CHARLOTTE	NC	28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRANSAMERICA LIFE INSURAN-  
CE COOccupation  
INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956989

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES T. KANNEBECKER

Mailing Address PO BOX 751

City	State	Zip Code
DINGMANS FRY	PA	18328-0751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951135

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARVIN R. KANSTEINER

Mailing Address 922 W 139TH CT

City	State	Zip Code
WESTMINSTER	CO	80023-9357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931846

Amount of Each Receipt this Period

155.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10195.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1148 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. VALERIE KANTER**

Mailing Address **127 JAFFREY RD**

City State Zip Code  
**MALVERN PA 19355-3417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945440

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY J. KAPFHAMER**

Mailing Address **W808 COUNTY RD N**

City State Zip Code  
**COLBY WI 54421-8970**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WAL-MART**

Occupation  
**ASSOCIATE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946910

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA KARAMELAS**

Mailing Address **485 MONDI DR.**

City State Zip Code  
**WOODSTOCK GA 30188-3000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931630

Amount of Each Receipt this Period

**90.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**165.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1149 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. VICTOR KAREH**

Mailing Address **22 PLAYERS GREEN**

City State Zip Code  
**THE WOODLANDS TX 77382-2901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13958242

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JONATHAN KARIS**

Mailing Address **401 9TH STREET, NW  
 SUITE 900**

City State Zip Code  
**WASHINGTON DC 20004-2145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NIXON & PEABODY**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**749.00**

Date of Receipt

**11 / 10 / 2010**

Transaction ID: SA11.13968687

Amount of Each Receipt this Period

**749.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**PAUL KARITIS**

Mailing Address **14084 NW MEADOWRIDGE DR**

City State Zip Code  
**PORTLAND OR 97229-2386**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GLOBAL LOGISTICS, INC.**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13932409

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**3499.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1150 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

ALICE KARR

Mailing Address 1716 KINGSLEY ST.

City

THE DALLES

State

OR

Zip Code

97058-4388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951430

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT KASPER

Mailing Address 7 HIGHMORE CIR

City

EAST LONGMEADOW

State

MA

Zip Code

01028-2523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 WESTOVER AIR FORCE BASE

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947771

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LOIS REE KATZ

Mailing Address 14613 LOLA AVE

City

WASECA

State

MN

Zip Code

56093-9002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960842

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1151 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. ANNE B. KAUFFMAN**

Mailing Address **114 KENDAL DR.**

City State Zip Code  
**GRANVILLE OH 43023-8026**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972165

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CAMPBELL KAUFMAN**

Mailing Address **300 INDEPENDENCE AVE., SE**

City State Zip Code  
**WASHINGTON DC 20003-1021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONERSTONE**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13959397

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GARY KAUFMAN**

Mailing Address **4 PARK AVENUE  
 APARTMENT 5E**

City State Zip Code  
**NEW YORK NY 10016-5306**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946957

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**355.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1152 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE S. KAUFMAN

Mailing Address 450 SEVENTH AVENUE

City

NEW YORK

State

NY

Zip Code

10123-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
REALTOR

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951128

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. KAVANAGH

Mailing Address 1973 MAGDALENE WAY

City

SAN DIEGO

State

CA

Zip Code

92110-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961882

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REBEKAH KAY

Mailing Address 5233 VANDERBILT AVE

City

DALLAS

State

TX

Zip Code

75206-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENERGY FUTURE HOLDINGS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
DIRECTOR, POLITICAL AFFAIRS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918902

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1153 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL J. KAZLAUSKAS

Mailing Address 22 BAILEY HILL VILLAGE

City

DANIELSON

State

CT

Zip Code

06239-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL DYNAMICS ELECTRIC  
BOAT

Occupation

1ST CLASS TEST MECHANIC R&D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958283

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAN KAZMIER

Mailing Address 710 HARBOR POINT DR.

City

JOHNSON CITY

State

TN

Zip Code

37615-2977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950465

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. KEARNEY

Mailing Address 6314 BARRISTER PL

City

ALEXANDRIA

State

VA

Zip Code

22307-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930623

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1154 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. JOHN J. KEARNEY

Mailing Address 6314 BARRISTER PL

City State Zip Code  
**ALEXANDRIA VA 22307-1214**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934979

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. RICHARD V. KEARNEY

Mailing Address 19355 CYPRESS RIDGE TER UNIT 6

City State Zip Code  
**LEESBURG VA 20176-6912**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940214

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MRS. MARION A. KEATING

Mailing Address 7207 OBSIDIAN LANE

City State Zip Code  
**CASTLE ROCK CO 80108-3083**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944641

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1155 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK D. KEE

Mailing Address 4188 BRIDGEWATER CT.

City

SAINT PAUL

State

MN

Zip Code

55127-6984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933411

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES KEE

Mailing Address 2852 PINELAWN DR

City

LA CRESCENTA

State

CA

Zip Code

91214-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PROCESS DESIGN EXECUTIVE

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947663

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH T. KEELEY

Mailing Address 3285 KENDALL ST

City

WHEAT RIDGE

State

CO

Zip Code

80033-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957134

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1156 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 MR. JOSEPH S. KEELTY

Mailing Address 1011 WINDING WAY

City State Zip Code  
 BALTIMORE MD 21210-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956735

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. PHIL J. KEENAN

Mailing Address 4825 PASEO DE LAS TORTUGAS

City State Zip Code  
 TORRANCE CA 90505-6337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CITY OF RB

Occupation  
 POLICE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949104

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 HENRY KEENE

Mailing Address 2051 SEA LEVEL DR. APT. 305

City State Zip Code  
 KETCHIKAN AK 99901-6068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940611

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1625.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1157 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HENRY KEENE

Mailing Address 2051 SEA LEVEL DR. APT. 305

City

KETCHIKAN

State

AK

Zip Code

99901-6068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941086

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GLEN R. KEETON, SR.

Mailing Address 6730 KROPP RD

City

GROVE CITY

State

OH

Zip Code

43123-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954878

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KERRY L. KEETON

Mailing Address 2715 FM 2554

City

IVANHOE

State

TX

Zip Code

75447-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930618

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1158 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. KERRY L. KEETON

Mailing Address 2715 FM 2554

City State Zip Code  
**IVANHOE TX 75447-3227**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945528

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. MARTIN KEHOE

Mailing Address 11627 SW SUMMERVILLE AVENUE

City State Zip Code  
**PORTLAND OR 97219-8390**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MK DEVELOPMENT

Occupation  
 REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958252

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. KURT KEILHACKER

Mailing Address 431 PROMONTORY DRIVE E

City State Zip Code  
**NEWPORT BEACH CA 92660-7447**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 TECHFUND CAPITAL

Occupation  
 MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932430

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6030.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1159 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**WARREN C. KEINATH**

Mailing Address **24 RAVENS POINTE**

City State Zip Code  
**LAKE ST LOUIS MO 63367-2238**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**701.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939047

Amount of Each Receipt this Period

**501.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**DAN KEISHIAN**

Mailing Address **458 E PACES FERRY RD. NE**

City State Zip Code  
**ATLANTA GA 30305-3301**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**APPRAISER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933044

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**KEITH F. KEITEL**

Mailing Address **1030 TIVERTON AVE APT. 117**

City State Zip Code  
**LOS ANGELES CA 90024-3001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ATK WOODLAND HILLS CA**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**380.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941135

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**582.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1160 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DONNA KEITH

Mailing Address 20336 HOMELAND

City State Zip Code  
ROSEVILLE MI 48066-1763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942827

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. DONALD M. KELLER

Mailing Address 2165 HAWKSRIIDGE DR APT 1303  
APT 1303

City State Zip Code  
NAPLES FL 34105-8530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944529

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. DONALD M. KELLER

Mailing Address 2165 HAWKSRIIDGE DR APT 1303  
APT 1303

City State Zip Code  
NAPLES FL 34105-8530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969167

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1161 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD M. KELLER**

Mailing Address **2165 HAWKSRIDGE DR APT 1303**  
**APT 1303**

City State Zip Code  
**NAPLES FL 34105-8530**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1230.00**

Date of Receipt

**11 / 17 / 2010**

**Transaction ID: SA11.13969840**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. KIM D. KELLER**

Mailing Address **14106 CHAMPIONS HAMLET CT**

City State Zip Code  
**HOUSTON TX 77069-1846**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KIM D KELLER MD PA**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13958247**

Amount of Each Receipt this Period

**5000.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MARGARET KELLEY**

Mailing Address **6759 E GEDDES LN**

City State Zip Code  
**ENGLEWOOD CO 80112-1573**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931855**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**5150.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1162 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MARCIA EVE KELLEY**

Mailing Address **25 HIGHLAND ROAD**

City State Zip Code  
**RICHMOND VA 23229-8518**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FAMILY MEDICATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**470.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13955083

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. MICHAEL KELLEY**

Mailing Address **2500 MAYNARD RD**

City State Zip Code  
**CHARLOTTE NC 28270-0754**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHARLOTTE RADIOLOGY, PA**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13957989

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. MICHAEL G. KELLER**

Mailing Address **11774 QUAIL CREEK**

City State Zip Code  
**HOUSTON TX 77070-2352**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13959352

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5310.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1163 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY KELLER

Mailing Address P.O. BOX 25009

City

ASHEVILLE

State

NC

Zip Code

28813-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961498

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY KELLEY

Mailing Address 4 GROVE ST

City

PLEASANTVILLE

State

NY

Zip Code

10570-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROHNDOW INC

Occupation  
SMALL BUSINEESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918435

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KATHERINE KELLOGG

Mailing Address 208 HIGHPOINT CIR.

City

VALLEY VIEW

State

TX

Zip Code

76272-7314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966903

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1164 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. KELLOGG

Mailing Address 1776 S JACKSON ST  
STE 501

City State Zip Code  
DENVER CO 80210-3851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WESVIEW INVESTORS

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955810

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BETTY J. KELLY

Mailing Address 1361 SEA HAWK LN

City State Zip Code  
VERO BEACH FL 32963-2522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934222

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL KELLY

Mailing Address 3901 HIGHWOOD COURT NW

City State Zip Code  
WASHINGTON DC 20007-2132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATL ASSN OF CHAIN DRUG  
STORES

Occupation  
GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930709

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

261.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1165 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CONNIE J. KELLY

Mailing Address 9828 WITHERS RD.

City

CHARLOTTE

State

NC

Zip Code

28278-6821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEILINE ELECTRONICSOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939245

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON R. KELLY

Mailing Address 171 NORTH VIEW RIDGE LANE

City

BOZEMAN

State

MT

Zip Code

59715-7806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DON KELLY CONSTRUCTION,  
INC.Occupation  
OWNER/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13932344

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City

ORLANDO

State

FL

Zip Code

32817-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944791

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

20055.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1166 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City

ORLANDO

State

FL

Zip Code

32817-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13953006

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GAIL KELLY

Mailing Address 3439 WELLSPRINGS DRIVE

City

SAN ANTONIO

State

TX

Zip Code

78230-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

579.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13965108

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GAIL KELLY

Mailing Address 3439 WELLSPRINGS DRIVE

City

SAN ANTONIO

State

TX

Zip Code

78230-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

579.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: SA11.13968023

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1167 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**GAIL KELLY**

Mailing Address **3439 WELLSPRINGS DRIVE**

City State Zip Code  
**SAN ANTONIO TX 78230-2511**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**579.00**

Date of Receipt

**11 / 18 / 2010**

**Transaction ID: SA11.13969997**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES D. KELLY**

Mailing Address **310 REHOBOTH ROAD**

City State Zip Code  
**BELLE VERNON PA 15012-3900**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**GENERAL CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13951439**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. LISA G. KELLY**

Mailing Address **171 NORTH VIEW RIDGE LANE**

City State Zip Code  
**BOZEMAN MT 59715-7806**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DON KELLY CONSTRUCTION, INC.**

Occupation  
**OFFICE MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**20000.00**

Date of Receipt

**10 / 15 / 2010**

**Transaction ID: SA11.13932345**

Amount of Each Receipt this Period

**20000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**20225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1168 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. MICHELLE KELLY**

Mailing Address **3082A JUNIPER ST SW**

City State Zip Code  
**LAKEWOOD WA 98439-1714**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SMALL BUSINESS OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13955794

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**RITA KELLY**

Mailing Address **302 PARK RD**

City State Zip Code  
**KINDER LA 70648-5336**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13970952

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. RONALD W. KELLY**

Mailing Address **354 DRIFTING WIND RUN**

City State Zip Code  
**DRIPPING SPRINGS TX 78620-4173**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**TEMPLE INLAND, INC**

Occupation  
**DIRECTOR OF SECURITY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13951445

Amount of Each Receipt this Period

520.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1169 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. ROSEANN D. KELLY**

Mailing Address **8 PRINCETON ROAD**

City State Zip Code  
**CARMEL NY 10512-5642**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**390.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13960745

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. BILL KELTNER**

Mailing Address **10740 KENNEY STREET  
 SUITE 401**

City State Zip Code  
**SANTEE CA 92071-4573**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SYNERGY ELECTRIC**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13960735

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. CLOA W. KEMBLE**

Mailing Address **255 TEXAS ST.  
 APARTMENT 430**

City State Zip Code  
**RAPID CITY SD 57701-7319**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**351.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13932921

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**661.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1170 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. MELVIN KEMP**

Mailing Address **1906 NATALEE DR**

City State Zip Code  
**HENDERSON NV 89011-4325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**570.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951434

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. NANCY C. KEMP**

Mailing Address **120 LONGVIEW CIR**

City State Zip Code  
**MEDIA PA 19063-2075**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961974

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. STEVEN A. KEMPE**

Mailing Address **4911 SHILOH LAKE DR.**

City State Zip Code  
**RICHMOND TX 77407-8510**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13955871

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**495.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1171 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH M. KEMPF**

Mailing Address **14014 FLINT ROCK RD**

City State Zip Code  
**ROCKVILLE MD 20853-2651**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SECURITIES & EXCHANGE COM-  
MISSION**

Occupation  
**ACCOUNTANT-FEDERAL REGULATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13948931

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. NEALE KEMPNER**

Mailing Address **2719 KIPLING ST APT A**

City State Zip Code  
**HOUSTON TX 77098-1254**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**695.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13928850

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. RICHARD KENDALL**

Mailing Address **2318 ACORN MEADOWS LANE**

City State Zip Code  
**MANTECA CA 95336-5103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**345.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13937220

Amount of Each Receipt this Period

**65.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1172 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FRANCIS J. KENDRICK

Mailing Address 1251 PARADISE WAY

City

VENICE

State

FL

Zip Code

34285-6412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918910

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWIN C. KENNEDY

Mailing Address 4200 OLD OMEN RD APT NO 2301

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933967

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARLAND M. KENNEDY, SR.

Mailing Address 4702 OSO PKWY.

City

CRP CHRISTI

State

TX

Zip Code

78413-5271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969165

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1173 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD F. KENNEDY

Mailing Address 18301 NE 184TH. ST.

City

BRUSH PRAIRIE

State

WA

Zip Code

98606-8609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943418

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOAN F. KENNEDY

Mailing Address 2108 CHEYENNE DR.

City

MCCOMB

State

MS

Zip Code

39648-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965350

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. KENNEDY

Mailing Address 606 SOUTHGATE RD

City

ABERDEEN

State

MD

Zip Code

21001-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U. S. ARMY

Occupation  
PHYSICAL SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947281

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1174 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH KENNEALLY

Mailing Address 6 WELLSRING RD  
UNIT C

City State Zip Code  
BIDDEFORD ME 04005-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957654

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT KENNEDY

Mailing Address 4 JASON CT

City State Zip Code  
SCOTCH PLAINS NJ 07076-2857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952534

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DENNIS G. KENNY

Mailing Address 1435 FRANKLIN

City State Zip Code  
RIVER FOREST IL 60305-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENNY & KENNY P.C.

Occupation  
CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966543

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1175 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICK D. J. KENNY

Mailing Address 4865 TURNBERRY LN

City

COLUMBUS

State

GA

Zip Code

31909-2080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHAW GROUP

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959658

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA M. KENT

Mailing Address 3257 FALCON DR

City

ABILENE

State

TX

Zip Code

79606-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HENDRICK MED

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918684

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY T. KENYON

Mailing Address P.O. BOX 1511

City

COOS BAY

State

OR

Zip Code

97420-0332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOP SERVICE BODY SHOP

Occupation  
JANITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933256

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1176 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ANTHONY T. KENYON**

Mailing Address **P.O. BOX 1511**

City State Zip Code  
**COOS BAY OR 97420-0332**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TOP SERVICE BODY SHOP**

Occupation  
**JANITOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**376.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13946452**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ANTHONY T. KENYON**

Mailing Address **P.O. BOX 1511**

City State Zip Code  
**COOS BAY OR 97420-0332**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TOP SERVICE BODY SHOP**

Occupation  
**JANITOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**376.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956082**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS M. KENYON**

Mailing Address **12 WHEELER AVE**

City State Zip Code  
**FAYETTEVILLE NY 13066-2531**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GEIS**

Occupation  
**S Y S ANALYST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941812**

Amount of Each Receipt this Period

**75.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**165.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1177 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA D. KEOUGH

Mailing Address 137 DAVIS RD.

City

MALVERN

State

PA

Zip Code

19355-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960727

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED W. KEPPLER

Mailing Address 6274 W. HIGHLAND AVENUE

City

PHOENIX

State

AZ

Zip Code

85033-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930191

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JACK G. KEPPLER

Mailing Address 1780 WACO RD.

City

BUSHNELL

State

IL

Zip Code

61422-9122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961322

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

161.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1178 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. EVELYN J. KERBER

Mailing Address 29747 EAGLE POINT DR

City State Zip Code  
CANYON LAKE CA 92587-7911FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966242

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. GEORGE H. KERCKHOVE

Mailing Address N5854 ABNET ROAD

City State Zip Code  
ONALASKA WI 54650-8925FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958402

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. ANDREW P. KERN

Mailing Address 19431 W PINEY POINT AVENUE

City State Zip Code  
BATON ROUGE LA 70817-2738FEC ID number of contributing  
federal political committee.**C**Name of Employer  
DELTA CONCRETEOccupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13942443

Amount of Each Receipt this Period

510.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

755.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1179 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ROBERT FLEMING KERN**

Mailing Address **3033 LORIDAN WAY SE**

City State Zip Code  
**ATLANTA GA 30339-5710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950350

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES G. KERNS**

Mailing Address **5805 MAPLE BROOK DR**

City State Zip Code  
**MIDLOTHIAN VA 23112-6324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13964537

Amount of Each Receipt this Period

**10.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES G. KERNS**

Mailing Address **5805 MAPLE BROOK DR**

City State Zip Code  
**MIDLOTHIAN VA 23112-6324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 09 / 2010**

Transaction ID: SA11.13967199

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**275.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1180 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. CHARLES G. KERNS**

Mailing Address **5805 MAPLE BROOK DR**

City State Zip Code  
**MIDLOTHIAN VA 23112-6324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 15 / 2010**

Transaction ID: SA11.13968032

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. SHARON L. KERNS**

Mailing Address **7307 FALLS VIEW CIR**

City State Zip Code  
**DELAWARE OH 43015-6013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**236.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13964887

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. SHARON L. KERNS**

Mailing Address **7307 FALLS VIEW CIR**

City State Zip Code  
**DELAWARE OH 43015-6013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**236.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: SA11.13969398

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**75.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1181 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GILKEY ALICE KERR

Mailing Address 1716 KINGSLEY ST.

City

THE DALLES

State

OR

Zip Code

97058-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951017

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GILKEY ALICE KERR

Mailing Address 1716 KINGSLEY ST.

City

THE DALLES

State

OR

Zip Code

97058-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971431

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. E. B. KERSH

Mailing Address 1210 MUSTANG TRL.

City

HUMBLE

State

TX

Zip Code

77339-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971255

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1182 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS A. KERSHAW

Mailing Address 84 BEACON ST.

City

BOSTON

State

MA

Zip Code

02108-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMPSHIRE HOUSE CORP

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956217

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE J. KERTESZ

Mailing Address 2996 LONGLEAT WOODS

City

SARASOTA

State

FL

Zip Code

34235-6865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939142

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD NORMAN KESSLER

Mailing Address P.O. BOX 1858

City

YOUNGSTOWN

State

OH

Zip Code

44501-1858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOARDMAN MOLDED INTERNATI-  
ONAL LLC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940884

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1183 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
SUSAN W. KEY

Mailing Address 2801 TURTLE CREEK BLVD. APT. 2

City State Zip Code  
DALLAS TX 75219-4802FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941475

Amount of Each Receipt this Period

251.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. GEOFFREY J. KEYES

Mailing Address 1556 FOXLEIGH COURT

City State Zip Code  
SAINT LOUIS MO 63131-1229FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MONSANTOOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945621

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. PETER W. KEYES

Mailing Address 680 NW 68TH AVENUE

City State Zip Code  
PLANTATION FL 33317-1737FEC ID number of contributing  
federal political committee.**C**Name of Employer  
FIDELITY NATIONAL TITLEOccupation  
TITLE EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958347

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

426.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1184 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. IMTIAZ KHALID

Mailing Address 117 WILLOW VIEW LN

City

CANTON

State

GA

Zip Code

30114-7735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959141

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VADIM KHIDEKEL

Mailing Address 415 WHITE OAK RIDGE RD.

City

SHORT HILLS

State

NJ

Zip Code

07078-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ART ADVISORS, LLC

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961584

Amount of Each Receipt this Period

61.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. KIER

Mailing Address 500 BAY AVE

City

OCEAN CITY

State

NJ

Zip Code

08226-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937256

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1185 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARC KILBRIDE

Mailing Address 2101 WROXTON RD

City

HOUSTON

State

TX

Zip Code

77005-1533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTERPOINT ENERGY

Occupation

TREASURER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	1	0

Transaction ID: SA11.13928711

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARC KILBRIDE

Mailing Address 2101 WROXTON RD

City

HOUSTON

State

TX

Zip Code

77005-1533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTERPOINT ENERGY

Occupation

TREASURER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13955641

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARC KILBRIDE

Mailing Address 2101 WROXTON RD

City

HOUSTON

State

TX

Zip Code

77005-1533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTERPOINT ENERGY

Occupation

TREASURER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13959009

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1186 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL KILBURN

Mailing Address 808 SAMMY CT

City

ELIZABETHTOWN

State

KY

Zip Code

42701-3140

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933058

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CATHERINE KILEY

Mailing Address 6279 WITHERS CT

City

HARRISBURG

State

PA

Zip Code

17111-6955

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928081

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DONALD E. KILLOREN

Mailing Address P.O. BOX 1120

City

HOT SPRINGS

State

VA

Zip Code

24445-1120

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CELEBRATION ASSOCIATES LLCOccupation  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954386

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

261.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1187 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. CHARLES KILPATRICK**

Mailing Address **250 N LENDERMAN RD**

City State Zip Code  
**BYHALIA MS 38611-6304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944781

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. JAIME KIM**

Mailing Address **14044 34TH AVE.  
 APARTMENT 1C**

City State Zip Code  
**FLUSHING NY 11354-3067**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1830.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935699

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. JAIME KIM**

Mailing Address **14044 34TH AVE.  
 APARTMENT 1C**

City State Zip Code  
**FLUSHING NY 11354-3067**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1830.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944721

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**270.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1188 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MS. JAIME KIM

Mailing Address **14044 34TH AVE.**  
**APARTMENT 1C**

City State Zip Code  
**FLUSHING NY 11354-3067**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1830.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949048

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MS. JAIME KIM

Mailing Address **14044 34TH AVE.**  
**APARTMENT 1C**

City State Zip Code  
**FLUSHING NY 11354-3067**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1830.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952631

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. MIKE F. KIMBALL

Mailing Address **106 EDGEWATER DR**

City State Zip Code  
**NEW IBERIA LA 70563-1708**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944638

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1189 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHERER A. KIMBELL

Mailing Address 2612 HAWTHORNE DR

City

AMARILLO

State

TX

Zip Code

79109-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931905

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM C. KIMBELL

Mailing Address 715 GILBERT HWY.

City

FAIRFIELD

State

CT

Zip Code

06824-1646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934532

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. KIMSEY

Mailing Address 4921 MEDICAL DR.

City

BOSSIER CITY

State

LA

Zip Code

71112-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948512

Amount of Each Receipt this Period

11.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

661.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1190 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. KAREN L. KINCANNON

Mailing Address 2375 CROWS NEST PKWY

City State Zip Code  
RENO NV 89519-5726FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960781

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ROBERT M. KINCAID

Mailing Address 917 HWY. 183

City State Zip Code  
CISCO TX 76437-5903FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943412

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. PAUL A. KINDLEY

Mailing Address 7801 W 600 S

City State Zip Code  
ANDREWS IN 46702-9722FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961884

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1191 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KIRK KINDFSATER

Mailing Address 1713 BRENTFORD

City

FORT COLLINS

State

CO

Zip Code

80525-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930104

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KIRK KINDFSATER

Mailing Address 1713 BRENTFORD

City

FORT COLLINS

State

CO

Zip Code

80525-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950409

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BROADUS H. KING, JR.

Mailing Address 2043 MAYFAIR MCLEAN COURT

City

FALLS CHURCH

State

VA

Zip Code

22043-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4502.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930621

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1640.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1192 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BROADUS H. KING, JR.

Mailing Address 2043 MAYFAIR MCLEAN COURT

City

FALLS CHURCH

State

VA

Zip Code

22043-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4502.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13959675

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY C. KING

Mailing Address 1515 HILLCREST DR

City

SHERIDAN

State

WY

Zip Code

82801-4037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963880

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD A. KING

Mailing Address 4444 TERRA GRANADA DRIVE

City

WALNUT CREEK

State

CA

Zip Code

94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13964275

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1193 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. JOHN W. KING

Mailing Address 473 SUMMIT RIDGE ROAD

City State Zip Code  
**LAKE TOXAWAY NC 28747-8599**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969229

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MS. MARY LOUISE KING

Mailing Address 13802 N 109TH. AVE

City State Zip Code  
**SUN CITY AZ 85351-2582**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935343

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MS. PATRICIA ANN KING

Mailing Address 695 STONEBROOK CT.

City State Zip Code  
**CHESTERFIELD MO 63005-4847**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952014

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1194 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RON E. KING

Mailing Address 900 BAYSHORE DR

City

ENGLEWOOD

State

FL

Zip Code

34223-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934467

Amount of Each Receipt this Period

6.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RON E. KING

Mailing Address 900 BAYSHORE DR

City

ENGLEWOOD

State

FL

Zip Code

34223-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954492

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RON E. KING

Mailing Address 900 BAYSHORE DR

City

ENGLEWOOD

State

FL

Zip Code

34223-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971324

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

46.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1195 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. TOMMY KING

Mailing Address PO BOX 994

City State Zip Code  
**ABILENE TX 79604-0994**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WESTERN TRAILER EQUIP. &  
 MFG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947844

Amount of Each Receipt this Period

220.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 WILLIAM P. KING

Mailing Address 2850 S OCEAN BLVD. APT. 502

City State Zip Code  
**PALM BEACH FL 33480-6248**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
 RETIRED

Aggregate Year-to-Date ▼

1321.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943852

Amount of Each Receipt this Period

241.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MRS. KATHRYNE KINGERY

Mailing Address 2992 BONACUM DR

City State Zip Code  
**LINCOLN NE 68502-5724**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
 RETIRED

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971617

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

586.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1196 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATTY J. KINGSBURY

Mailing Address 570 POENISCH DR

City

CORPUS CHRISTI

State

TX

Zip Code

78412-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939856

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATTY J. KINGSBURY

Mailing Address 570 POENISCH DR

City

CORPUS CHRISTI

State

TX

Zip Code

78412-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940819

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL J. KINKELAAR

Mailing Address 1722 MALDEN ST

City

SAN DIEGO

State

CA

Zip Code

92109-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROCOPIO, CORY, HARGREAVES  
& SAVIER

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934037

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

281.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1197 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MIKE KINNAMAN

Mailing Address 406 MARGUERITE AVE

City

CUYAHOGA FLS

State

OH

Zip Code

44221-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949281

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES KINSINGER

Mailing Address 21380 WASHINGTON RD

City

DEER CREEK

State

IL

Zip Code

61733-9436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937379

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES KINSINGER

Mailing Address 21380 WASHINGTON RD

City

DEER CREEK

State

IL

Zip Code

61733-9436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950930

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1198 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. EULA KIRBY**

Mailing Address **2262 JOHN KIRBY PL.**

City State Zip Code  
**LENOIR NC 28645-9086**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956110

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. EULA KIRBY**

Mailing Address **2262 JOHN KIRBY PL.**

City State Zip Code  
**LENOIR NC 28645-9086**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961317

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. EULA KIRBY**

Mailing Address **2262 JOHN KIRBY PL.**

City State Zip Code  
**LENOIR NC 28645-9086**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13962180

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1199 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK M. KIRBY

Mailing Address 3035 SADDLEBACK DR

City

CINCINNATI

State

OH

Zip Code

45244-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13955119

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE L. KIRCHER

Mailing Address 3501 IVYRIDGE DR.

City

CHESTER

State

VA

Zip Code

23831-4953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. GOVT.Occupation  
CONTRACT SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962729

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROSEMARIE KIRCHHOEFER

Mailing Address 10011 CHARDIN WAY UNIT 1

City

SAINT LOUIS

State

MO

Zip Code

63128-2157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941743

Amount of Each Receipt this Period

21.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

181.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1200 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CONSTANCE S. KIRK

Mailing Address 234 LEROY AVE

City

WARWICK

State

RI

Zip Code

02889-6232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUS. OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932394

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEONARD M. KIRK

Mailing Address 6 HUNTER DR

City

BEL AIR

State

MD

Zip Code

21014-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939749

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEONARD M. KIRK

Mailing Address 6 HUNTER DR

City

BEL AIR

State

MD

Zip Code

21014-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969216

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1201 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK S. KIRKPATRICK

Mailing Address 3930 WATERLAND DR

City

METAMORA

State

MI

Zip Code

48455-9623

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13942496

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KAREN KIRKSEY

Mailing Address 13924 KING GEORGE WAY

City

UPPER MARLBORO

State

MD

Zip Code

20772-5950

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966516

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT KIRKWOOD

Mailing Address 12525 FAIRMONT DR

City

FORT MYERS

State

FL

Zip Code

33913-2618

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961321

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1202 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER A. KIRSH

Mailing Address 7891 N WADE SPRINGS DR

City

TUCSON

State

AZ

Zip Code

85743-6008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949008

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BEVERLY A. KIRSTEIN

Mailing Address 8950 LEMONA AVE

City

NORTH HILLS

State

CA

Zip Code

91343-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948708

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BEVERLY A. KIRSTEIN

Mailing Address 8950 LEMONA AVE

City

NORTH HILLS

State

CA

Zip Code

91343-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962949

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1203 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. CAROL A. KIRTLEY**

Mailing Address **1 DUARTE COURT**

City State Zip Code  
**NOVATO CA 94949-6616**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**EXCEL REAL ESTATE**

Occupation  
**REAL ESTATE BROKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13960195

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. EVELYN J. KITCHEN**

Mailing Address **9101 PARK DR**

City State Zip Code  
**SHREVE OH 44676-9700**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13944026

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. MARK A. KITCHIN**

Mailing Address **519 INDUSTRIAL PKWY**

City State Zip Code  
**RICHMOND IN 47374-7941**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13934301

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

171.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1204 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. GLADYS KJELLERSON**

Mailing Address **2504 SMITH AVE**

City State Zip Code  
**RAPID CITY SD 57701-5895**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**415.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954671

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**CAROLYN A. KLAKA**

Mailing Address **5600 ROSALIE DR**

City State Zip Code  
**WACO TX 76708-5698**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933287

Amount of Each Receipt this Period

**151.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. DAVID L. KLAUDER**

Mailing Address **3427 TURNBERRY CT**

City State Zip Code  
**GARNET VALLEY PA 19060-6832**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13960779

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**271.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1205 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT D. KLAUS

Mailing Address 18627 SURREYWOOD

City

SAN ANTONIO

State

TX

Zip Code

78258-4480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940977

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN KLEEN

Mailing Address 1215 NOTON CT.

City

PFLUGERVILLE

State

TX

Zip Code

78660-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING TIGER TECHNOLOGY INC.

Occupation  
HARDWARE DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935342

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED KLEIBACKER

Mailing Address 16 RIDGE POINTE LANE

City

FREDERICKSBURG

State

VA

Zip Code

22405-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMTS, LLC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966558

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1105.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1206 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ALICE KLEIN

Mailing Address 48 ROCKLEDGE DR

City

LIVINGSTON

State

NJ

Zip Code

07039-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939163

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE KLEIN

Mailing Address 499 PARK AVENUE, 27TH FLOOR  
499 PARK AVE, 27TH FLOOR

City

NEW YORK

State

NY

Zip Code

10022-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARK TOWER GROUP

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945231

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SYLVIA K. KLEIN

Mailing Address 855 OAKHAVEN DR.

City

ROSWELL

State

GA

Zip Code

30075-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936810

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

20125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1207 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SYLVIA K. KLEIN

Mailing Address 855 OAKHAVEN DR.

City

ROSWELL

State

GA

Zip Code

30075-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939239

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS KLEIN

Mailing Address 20824 HILLMOOR DRIVE

City

SARATOGA

State

CA

Zip Code

95070-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931807

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. YARMILA KLESKEN

Mailing Address 2508 PARK AVE

City

RIVERSIDE

State

IL

Zip Code

60546-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956528

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1208 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALFRED H. KLETT

Mailing Address 5407 OAK STONE LANE

City

FAIR OAKS

State

CA

Zip Code

95628-4126

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928489

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES KLINGERMAN

Mailing Address 20229 COUNTRY CLUB DR

City

ESTERO

State

FL

Zip Code

33928-2003

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951547

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. COLETTA A. KLUG

Mailing Address 138 OVERBROOK AVE

City

TONAWANDA

State

NY

Zip Code

14150-8303

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946671

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1209 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. COLETTA A. KLUG

Mailing Address 138 OVERBROOK AVE

City

TONAWANDA

State

NY

Zip Code

14150-8303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949034

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERBERT H. KLUG

Mailing Address 5156 NORTHCREST DRIVE

City

FORT WAYNE

State

IN

Zip Code

46825-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: SA11.13972323

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DUTCH KLUGE

Mailing Address 13824 HASTINGS FARM RD

City

HUNTERSVILLE

State

NC

Zip Code

28078-7452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931862

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1210 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LT. COL. DONALD J. KLUK

Mailing Address 4049 VALLEY WEST DR.

City

RAPID CITY

State

SD

Zip Code

57702-3158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943926

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LT. COL. DONALD J. KLUK

Mailing Address 4049 VALLEY WEST DR.

City

RAPID CITY

State

SD

Zip Code

57702-3158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949274

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. KLUNGNESS

Mailing Address 10040 E HAPPY VALLEY RD UNIT 5

City

SCOTTSDALE

State

AZ

Zip Code

85255-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947791

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1211 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. MILTON J. H. KNABUSCH**

Mailing Address **660 HOLLYWOOD DRIVE**

City State Zip Code  
**MONROE MI 48162-7814**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940390

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. PETER KNAPP**

Mailing Address **1801 SENATE BLVD  
STE 655**

City State Zip Code  
**INDIANAPOLIS IN 46202-1259**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UROLOGY OF INDIANA**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3400.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13957704

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD G. KNAPP**

Mailing Address **1400 N. DRAKE ROAD  
APARTMENT 177**

City State Zip Code  
**KALAMAZOO MI 49006-1969**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**495.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13957609

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1212 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT N. KNAPP**

Mailing Address **36935 PELICAN LAKE RD**

City State Zip Code  
**AVON MN 56310-4604**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962580

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. F. D. KNEIBERT**

Mailing Address **517 SOUTH BEACON AVENUE**

City State Zip Code  
**SEDALIA MO 65301-3936**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930385

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. BRUCE I. KNIGHT**

Mailing Address **3805 KEITH AVENUE**

City State Zip Code  
**FAIRFAX VA 22030-3117**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STRATEGIC CONSERVATION SO-  
LUTIONS LLC

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13928413

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1200.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1213 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES S. KNIGHT

Mailing Address 263 S CLUBHOUSE DR UNIT 105  
UNIT 105

City State Zip Code  
PALATINE IL 60074-6436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933130

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JESSIE J. KNIGHT, JR.

Mailing Address 404 SAN ANTONIO AVE UNIT F

City State Zip Code  
SAN DIEGO CA 92106-3534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SEMPRA ENERGY

Occupation  
ENERGY CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941564

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP H. KNIGHT

Mailing Address ONE BOWERMAN DRIVE

City State Zip Code  
BEAVERTON OR 97005-0979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NIKE, INC.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959348

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30702.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1214 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL E. KNIGHTON

Mailing Address 16780 OLD WATERFORD RD

City

PAEONIAN SPRINGS

State

VA

Zip Code

20129-1852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951595

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VENIS D. KNIGHT

Mailing Address 53 MOUNTAINVIEW AVE

City

NYACK

State

NY

Zip Code

10960-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944053

Amount of Each Receipt this Period

11.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VENIS D. KNIGHT

Mailing Address 53 MOUNTAINVIEW AVE

City

NYACK

State

NY

Zip Code

10960-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969159

Amount of Each Receipt this Period

22.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

183.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1215 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VENIS D. KNIGHT

Mailing Address 53 MOUNTAINVIEW AVE

City

NYACK

State

NY

Zip Code

10960-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969194

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAVID MAURICE KNIZE

Mailing Address 112 MAYHURST AVE

City

COLORADO SPGS

State

CO

Zip Code

80906-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957093

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD B. KNODE

Mailing Address 2444 HIGHTEE COURT

City

CROFTON

State

MD

Zip Code

21114-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPUTER SCIENCES CORP

Occupation  
COMPUTER SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941623

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

227.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1216 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. RONALD B. KNODE

Mailing Address 2444 HIGHTEE COURT

City State Zip Code  
CROFTON MD 21114-2551FEC ID number of contributing  
federal political committee.**C**Name of Employer  
COMPUTER SCIENCES CORPOccupation  
COMPUTER SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942953

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. RICHARD L. KNOEBEL

Mailing Address 206 KNOEBELS BLVD.

City State Zip Code  
ELYSBURG PA 17824-7125FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963523

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. EDDIE KNOELL

Mailing Address 6415 S. 65TH DR.

City State Zip Code  
LAVEEN AZ 85339-9670FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951327

Amount of Each Receipt this Period

185.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1217 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. DAVID J. KNOLL

Mailing Address 14022 HEATHER ST NW

City State Zip Code  
**ANDOVER MN 55304-7547**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951556

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. LESTER KNOP

Mailing Address 400 POPLAR PLACE

City State Zip Code  
**MOUNT JULIET TN 37122-2704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955325

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MRS. VIRGINIA KNOTT

Mailing Address 232 CLEFT ROAD

City State Zip Code  
**MILL NECK NY 11765-1001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961179

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1218 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. DORIS M. KNOX**

Mailing Address **23144 S SHORE DR.**

City State Zip Code  
**EDWARDSBURG MI 49112-8502**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13934210

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM H. KNOX, III**

Mailing Address **5 CARRIAGE HILL**

City State Zip Code  
**NASHVILLE TN 37205-3315**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936952

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. ABIGAIL Y. KOCH**

Mailing Address **6301 RAINWOOD RD**

City State Zip Code  
**OMAHA NE 68152-1609**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13957118

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1219 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANNA B. KOCH

Mailing Address 550 NORTH HILLSIDE

City

WICHITA

State

KS

Zip Code

67214-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESLEY MEDICAL CENTEROccupation  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13932336

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES KOCH

Mailing Address PO BOX 51867

City

MIDLAND

State

TX

Zip Code

79710-1867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	1	0

Transaction ID: SA11.13967696

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH KOCH

Mailing Address PO BOX 2256

City

WICHITA

State

KS

Zip Code

67201-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961176

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

61400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1220 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. KOCH

Mailing Address P.O. BOX 39

City

NEW SUMMERFIELD

State

TX

Zip Code

75780-0039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933538

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. KOCIAN

Mailing Address 12204 LONGMEAD AVENUE

City

CLEVELAND

State

OH

Zip Code

44135-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951340

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD A. KOECHLE

Mailing Address 5411 CONCORD ST.

City

BOSSIER CITY

State

LA

Zip Code

71111-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930815

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1221 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD A. KOECHLE

Mailing Address 5411 CONCORD ST.

City

BOSSIER CITY

State

LA

Zip Code

71111-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936653

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD A. KOECHLE

Mailing Address 5411 CONCORD ST.

City

BOSSIER CITY

State

LA

Zip Code

71111-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941227

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELLEN L. KOEHLER

Mailing Address 72066 617 AVE

City

TECUMSEH

State

NE

Zip Code

68450-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HOSPITAL

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929223

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

46.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1222 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MADELINE PAULINE KOEHLER

Mailing Address 4590 SUNSHINE CANYON DR.

City

BOULDER

State

CO

Zip Code

80302-8751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918471

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID KOENEN

Mailing Address P.O. BOX 486

City

LATIMER

State

IA

Zip Code

50452-0486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933092

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID KOENEN

Mailing Address P.O. BOX 486

City

LATIMER

State

IA

Zip Code

50452-0486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949248

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1223 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. KOESTER

Mailing Address 10405 OLD PLANTATION DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725-7136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940833

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL O. KOETHER

Mailing Address 6808 MYSTIC WOODS LANE

City

COLLEYVILLE

State

TX

Zip Code

76034-6563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.R. WINSTON & COLLC

Occupation  
STOCK BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939835

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL O. KOETHER

Mailing Address 6808 MYSTIC WOODS LANE

City

COLLEYVILLE

State

TX

Zip Code

76034-6563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.R. WINSTON & COLLC

Occupation  
STOCK BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940825

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

751.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1224 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES KOHLERMAN

Mailing Address 409 MELVIN DR.

City

BROOKHAVEN

State

PA

Zip Code

19015-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931554

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL KOLANSKY

Mailing Address 6419 MELSTONE CT

City

CLIFTON

State

VA

Zip Code

20124-2437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935528

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LOIS LORRAINE KOLDEWEY

Mailing Address 333 GOLF CT.

City

SANTA ROSA

State

CA

Zip Code

95409-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962043

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1225 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. LEONARD S. KOMOR

Mailing Address **6380 CHATTSWOOD DR**

City State Zip Code  
**MARTINEZ CA 94553-6051**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**253.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13947842

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. EDWARD KONIG

Mailing Address **8246 135TH ST. APT. 2V**

City State Zip Code  
**JAMAICA NY 11435-1425**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13947843

Amount of Each Receipt this Period

**160.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MS. BARBARA T. KONO

Mailing Address **87481 AVE 74**

City State Zip Code  
**THERMAL CA 92274**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**820.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942576

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**345.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1226 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WM K. KONZE

Mailing Address 7318 RIVERHILL RD

City

OXON HILL

State

MD

Zip Code

20745-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13956320

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANET E. KOPKA

Mailing Address 2755 M 119

City

HARBOR SPGS

State

MI

Zip Code

49740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933330

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRIAN KOPP

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODYOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13968708

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

721.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1227 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RAJ KORDE

Mailing Address 3418 S PATTON AVE

City

SAN PEDRO

State

CA

Zip Code

90731-6030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IRDOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950006

Amount of Each Receipt this Period

800.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM KORNITZER

Mailing Address 400 W 49TH TER

City

KANSAS CITY

State

MO

Zip Code

64112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961324

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY ANN KORNIE

Mailing Address 1816 CARLETON AVENUE

City

FORT WORTH

State

TX

Zip Code

76107-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ART DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13967167

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1228 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK E. KOS

Mailing Address 63 HAVERHILL DRIVE

City

JACKSON

State

TN

Zip Code

38305-8505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934628

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELNA KOTZUR

Mailing Address 1703 HICKORY ST.

City

FLORESVILLE

State

TX

Zip Code

78114-2535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13952446

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PANOS C. KOUTLAS

Mailing Address 5710 94TH PL SW

City

MUKILTEO

State

WA

Zip Code

98275-3652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943634

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1229 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PANOS C. KOUTLAS

Mailing Address 5710 94TH PL SW

City

MUKILTEO

State

WA

Zip Code

98275-3652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947125

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DEMETRIOS KOUZOUKAS

Mailing Address 6177 VINE FOREST COURT

City

FALLS CHURCH

State

VA

Zip Code

22044-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COVINGTON & BURLING LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955919

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PEGGY L. KOVACH

Mailing Address 858 SURREY HILL CT.

City

GREENWOOD

State

IN

Zip Code

46142-2059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN HEALTH NETWORK

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952316

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

501.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1230 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ALAN R. KOXLIEN**

Mailing Address **9098 COMFORT LN NW**

City State Zip Code  
**BREMERTON WA 98311-9080**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13918663**

Amount of Each Receipt this Period

**60.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**RAYMOND KOZIELEK**

Mailing Address **2741 HARVEY PL APT 118**

City State Zip Code  
**GRANITE CITY IL 62040-4207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1410.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13946875**

Amount of Each Receipt this Period

**300.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**RAYMOND KOZIELEK**

Mailing Address **2741 HARVEY PL APT 118**

City State Zip Code  
**GRANITE CITY IL 62040-4207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1410.00**

Date of Receipt

**11 / 04 / 2010**

**Transaction ID: SA11.13965164**

Amount of Each Receipt this Period

**160.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**520.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1231 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL A. KRAFT

Mailing Address 19330 WINESAP RD.  
UNIT 4

City State Zip Code  
 BOTHELL WA 98012-7040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948540

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. KRAJICEK

Mailing Address 244 MEDICINE BOW RD

City State Zip Code  
 ASPEN CO 81611-9616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944549

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICHARD WILLIAM KRAJICEK

Mailing Address 4944 WOODWAY DR APT 2

City State Zip Code  
 HOUSTON TX 77056-1815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939030

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1232 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD WILLIAM KRAJICEK

Mailing Address 4944 WOODWAY DR APT 2

City

HOUSTON

State

TX

Zip Code

77056-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939826

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD WILLIAM KRAJICEK

Mailing Address 4944 WOODWAY DR APT 2

City

HOUSTON

State

TX

Zip Code

77056-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940971

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN ALFRED KRAMM

Mailing Address 828 LYONS AVE

City

ELY

State

NV

Zip Code

89301-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SCHOOL BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940485

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

81.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1233 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH KRANZ

Mailing Address 11 HAWTHORNE CIR

City

GENESEO

State

NY

Zip Code

14454-1196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947210

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES ROBERT KRAUSE

Mailing Address 4615 RADER PASS

City

SAN ANTONIO

State

TX

Zip Code

78247-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946058

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD KRAUSE

Mailing Address 22710 CRANBERRY TRL

City

SPRING

State

TX

Zip Code

77373-6428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAKER HUGHES INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

QUALITY ASSURANCE MANAGER

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951611

Amount of Each Receipt this Period

230.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1234 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUZANNE S. KRAUS

Mailing Address 1685 S SHORE E

City

FRANKFORT

State

MI

Zip Code

49635-9547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971092

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD C. KREBS, JR.

Mailing Address 615 LAGUNA DR.

City

VENICE

State

FL

Zip Code

34285-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944143

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWARD C. KREBS, JR.

Mailing Address 615 LAGUNA DR.

City

VENICE

State

FL

Zip Code

34285-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944495

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

86.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1235 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAN FORREST KREIDER

Mailing Address 7930 PARK HILL DR

City

FORT COLLINS

State

CO

Zip Code

80528-8932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANNER HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962732

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD J. KREJCI

Mailing Address 6410 CONCORD CIR.

City

LINCOLN

State

NE

Zip Code

68516-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST STATE BANK

Occupation  
COMMERCIAL BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939347

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEFAN KREUZER

Mailing Address 1140 BUSINESS CENTER DRIVE  
SUITE 101

City

HOUSTON

State

TX

Zip Code

77043-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958241

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1236 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. ANNA KRITIS**

Mailing Address **1956 WOODED RIDGE CT**

City State Zip Code  
**FOGELSVILLE PA 18051-1735**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939702

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. ANNA KRITIS**

Mailing Address **1956 WOODED RIDGE CT**

City State Zip Code  
**FOGELSVILLE PA 18051-1735**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951874

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. ALLYN J. KROLL**

Mailing Address **4193 48TH AVE**

City State Zip Code  
**HUDSONVILLE MI 49426-9408**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952150

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1237 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRIS KRUEGER

Mailing Address 1055 THOMAS JEFFERSON ST., NW  
SUITE 450

City State Zip Code  
WASHINGTON DC 20007-5260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONCEPT CAPITAL

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959401

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET J. KRUEGER

Mailing Address 614 CASTANO AVE

City State Zip Code  
SAN ANTONIO TX 78209-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962711

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. COURTNEY T. KRUGER

Mailing Address 1878 SPRING LANE

City State Zip Code  
SALT LAKE CITY UT 84117-6971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933140

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1238 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LESTER F. KRUPP

Mailing Address 4151 GULF SHORE BLVD. N # 40

City

NAPLES

State

FL

Zip Code

34103-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930073

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS C. KRUSE

Mailing Address 12 PIERREPONT ST.

City

BROOKLYN

State

NY

Zip Code

11201-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946879

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARIA R. KRUSEMAN

Mailing Address 12861 NIGHTINGALE ST NW

City

MINNEAPOLIS

State

MN

Zip Code

55448-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLC/ST LOUIS

Occupation  
RECREATION SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939248

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1239 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARIA R. KRUSEMAN

Mailing Address 12861 NIGHTINGALE ST NW

City

MINNEAPOLIS

State

MN

Zip Code

55448-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLC/ST LOUIS

Occupation

RECREATION SPECIALIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956487

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD KUEBLER

Mailing Address 2 ANNANDALE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13938956

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ONETA G. KUECHER

Mailing Address 7460 GRAND AVENUE  
APARTMENT 106

City

DOWNERS GROVE

State

IL

Zip Code

60516-4169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	0

Transaction ID: SA11.13965245

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

116.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1240 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEITH H. KUHLMAN

Mailing Address 949 BAY ESPLANADE

City

CLEARWATER

State

FL

Zip Code

33767-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962702

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD L. KUMMER

Mailing Address 898 WHITMOOR DRIVE

City

WELDON SPRING

State

MO

Zip Code

63304-0503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952740

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH T. KUNG

Mailing Address 20866 QUAIL RUN DR.

City

WALNUT

State

CA

Zip Code

91789-4034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIGNAL INVESTMENT INT'L  
CORP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REAL ESTATE DEVELOPER

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931479

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1241 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JOSEPH T. KUNG

Mailing Address 20866 QUAIL RUN DR.

City State Zip Code  
WALNUT CA 91789-4034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIGNAL INVESTMENT INT'L  
CORP.

Occupation  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13955982

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. KUPERSMITH

Mailing Address 3924 VALENTIA WAY

City State Zip Code  
NAPLES FL 34119-7513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940790

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. KUPERSMITH

Mailing Address 3924 VALENTIA WAY

City State Zip Code  
NAPLES FL 34119-7513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954539

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1242 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

M KUPPUSAMI

Mailing Address 109 WINDSOR CIR

City

BLUEFIELD

State

VA

Zip Code

24605-9324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928713

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN P. KURTH

Mailing Address 2203 LOSEKAMP ST

City

BILLINGS

State

MT

Zip Code

59102-2344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959102

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOUIS KURTH

Mailing Address 420 TURTLE BAY CT SE

City

SALEM

State

OR

Zip Code

97306-9029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945349

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1243 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER KURTZ

Mailing Address 245 MAIN ST STE 120

City

WHITE PLAINS

State

NY

Zip Code

10601-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969746

Amount of Each Receipt this Period

235.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL KURZ

Mailing Address 1406 BOBBINS RDG.

City

SAN ANTONIO

State

TX

Zip Code

78260-6291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955817

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. KUSCH

Mailing Address 540 SEA OAK DR

City

VERO BEACH

State

FL

Zip Code

32963-3247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953656

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1244 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS M. KUZMICH

Mailing Address 406 N MAIN ST

City

MIDLAND

State

TX

Zip Code

79701-4710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957687

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAY KVILVANG

Mailing Address 2830 N LLOYD BUSH DR.

City

TUCSON

State

AZ

Zip Code

85745-9527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMADI INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETAIL SALES

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950668

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ADDIE S. KYKER

Mailing Address 2146 SWOOPE DR

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168-8575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959575

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1245 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEITH C. KYLE

Mailing Address 12271 23RD ST E

City

PARRISH

State

FL

Zip Code

34219-6901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931719

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHRIS KYRIAKEDES

Mailing Address 2114 LONGFELLOW ST. NE

City

CANTON

State

OH

Zip Code

44721-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEMS

Occupation  
EMERGENCY PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939798

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES PARKER LABACH

Mailing Address 10002 W 121ST ST

City

OVERLAND PARK

State

KS

Zip Code

66213-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYSICIANS REFERENCE LAB

Occupation  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954853

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1246 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. SALVADOR LACAYO

Mailing Address 7618 FERNBROOK LN.

City

HOUSTON

State

TX

Zip Code

77070-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943629

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. SALVADOR LACAYO

Mailing Address 7618 FERNBROOK LN.

City

HOUSTON

State

TX

Zip Code

77070-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961593

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDRE B. LACY

Mailing Address 54 MONUMENT CIRCLE  
STE. 800

City

INDIANAPOLIS

State

IN

Zip Code

46204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LDI, LTD.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13883383B

Amount of Each Receipt this Period

-2200.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION TO RECOUNT  
FUND

**SUBTOTAL** of Receipts This Page (optional) .....

41.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1247 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP H. LACY

Mailing Address 44 POPLAR AVENUE

City

SHALIMAR

State

FL

Zip Code

32579-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938597

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER E. LADWIG

Mailing Address 4200 W RIVERS EDGE CIR  
UNIT 13

City

BROWN DEER

State

WI

Zip Code

53209-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962718

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES PAT LAFF

Mailing Address 117 CLUB COURSE DRIVE

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961874

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1248 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES PAT LAFF**

Mailing Address **117 CLUB COURSE DRIVE**

City State Zip Code  
**HILTON HEAD ISLAND SC 29928-3126**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961911

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. BROCK L. LAFFOON**

Mailing Address **480 E NICOLE LN**

City State Zip Code  
**SHELTON WA 98584-7033**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13931259

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM L. LAGER**

Mailing Address **155 W MAIN STREET  
 APT 1206**

City State Zip Code  
**COLUMBUS OH 43215-5069**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ALTAIR LEARNING MANAGEMEN-  
 T

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2600.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961228

Amount of Each Receipt this Period

**2600.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2681.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1249 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**PHILIP A. LAGUEUX**

Mailing Address **260 WELLINGTON DR.**

City State Zip Code  
**LACONIA NH 03246-1372**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**366.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963030

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**JOSEPH LAI**

Mailing Address **424 EAST CAPITOL STREET NE**

City State Zip Code  
**WASHINGTON DC 20003-3833**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LEGISLATIVE ASSISTANT**

Occupation  
**U.S. SENATE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13960644

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DAVID LAIRD**

Mailing Address **10877 BELLE PLAINE BLVD**

City State Zip Code  
**FISHERS IN 46037-7112**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**341.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13938845

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**271.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1250 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID LAIRD

Mailing Address 10877 BELLE PLAINE BLVD

City

FISHERS

State

IN

Zip Code

46037-7112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940177

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EARL C. LAIRSON

Mailing Address P.O. BOX 924048

City

HOUSTON

State

TX

Zip Code

77292-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972039

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. LAKE

Mailing Address 457 COLLEGE HWY

City

SOUTHWICK

State

MA

Zip Code

01077-9706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969939

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1251 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CHERI LALIBERTE

Mailing Address 9337 WINDHAVEN DR

City

PARKER

State

CO

Zip Code

80134-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959132

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT LALOR

Mailing Address PO BOX 478

City

LITTLE MEADOWS

State

PA

Zip Code

18830-0478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938580

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GIBSON LAM

Mailing Address 1930 HALF PENCE WAY

City

SAN JOSE

State

CA

Zip Code

95132-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ENGINEER

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964838

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1252 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALVIN FRED LAMBERT

Mailing Address 14049 TUSCOLA RD.

City

CLIO

State

MI

Zip Code

48420-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954593

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MAURICE N. LAMBERT

Mailing Address 7 INNISBROOK CT

City

FRISCO

State

TX

Zip Code

75034-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAMBERT REALTY, LLC

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931205

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAURICE N. LAMBERT

Mailing Address 7 INNISBROOK CT

City

FRISCO

State

TX

Zip Code

75034-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAMBERT REALTY, LLC

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965272

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1253 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEAN LAMP

Mailing Address 1504 N. FLORIDA AVE

City

YORK

State

NE

Zip Code

68467-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948746

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. COLIN LAMPARD

Mailing Address 8355 SEQUOIA WAY

City

FORT WORTH

State

TX

Zip Code

76137-5714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FED X

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PILOT

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928737

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH LANCE

Mailing Address ELEVEN MADISON AVENUE

City

NEW YORK

State

NY

Zip Code

10010-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREDIT SUISSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FINANCE

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932252

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

920.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1254 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANE J. LANCTOT

Mailing Address 74 PIEDMONT STREET

City

SAN FRANCISCO

State

CA

Zip Code

94117-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968857

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RANDI B. LAND

Mailing Address 6120 ELIZABETHAN DR

City

NASHVILLE

State

TN

Zip Code

37205-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937471

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARMEN LANDAS

Mailing Address 242 MERMAID DR

City

MANAHAWKIN

State

NJ

Zip Code

08050-5025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961291

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1255 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARMEN LANDAS

Mailing Address 242 MERMAID DR

City

MANAHAWKIN

State

NJ

Zip Code

08050-5025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961967

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. C. FREDERICK LANDENBERGER

Mailing Address 946 W. CAMINO GUARINA

City

GREEN VALLEY

State

AZ

Zip Code

85614-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937289

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. IRVIN M. LANDE

Mailing Address 6474 DWANE AVENUE

City

SAN DIEGO

State

CA

Zip Code

92120-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954872

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1256 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LOUIS F. LANDINI

Mailing Address 208 FOREST PARK DRIVE

City

PACIFICA

State

CA

Zip Code

94044-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLBRAE CALIFORNIA POLICE  
DEPT.

Occupation

POLICE INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935255

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOUIS F. LANDINI

Mailing Address 208 FOREST PARK DRIVE

City

PACIFICA

State

CA

Zip Code

94044-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLBRAE CALIFORNIA POLICE  
DEPT.

Occupation

POLICE INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954377

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOUIS F. LANDINI

Mailing Address 208 FOREST PARK DRIVE

City

PACIFICA

State

CA

Zip Code

94044-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLBRAE CALIFORNIA POLICE  
DEPT.

Occupation

POLICE INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968800

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1257 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD LANDON

Mailing Address 109 LAKE DR

City

WILLIAMSBURG

State

VA

Zip Code

23185-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958285

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD LANDON

Mailing Address 109 LAKE DR

City

WILLIAMSBURG

State

VA

Zip Code

23185-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966241

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROLYN KENNETH LANDRUM

Mailing Address 520 E HOUSTON AVE

City

MCALLEN

State

TX

Zip Code

78501-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961958

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1258 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. RENE PATRICK LANDRY

Mailing Address 219 BRICK ST.

City State Zip Code  
**BREAUX BRIDGE LA 70517-4913**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 MCMUOLDS

Occupation  
 MAINTANANCE MAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13943763**

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MS. ILONA LANEY

Mailing Address 133 LANTANA DRIVE

City State Zip Code  
**KENNETT SQUARE PA 19348-1568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13957680**

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MS. ILONA I. LANEY

Mailing Address 133 LANTANA DRIVE

City State Zip Code  
**KENNETT SQUARE PA 19348-1568**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13942959**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**236.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1259 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM R. LANEY

Mailing Address P.O. BOX 190

City

CABLE

State

WI

Zip Code

54821-0190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948345

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM R. LANEY

Mailing Address P.O. BOX 190

City

CABLE

State

WI

Zip Code

54821-0190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950269

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LES T. LANFORD

Mailing Address 6567 BROWNFIELDS DR

City

BATON ROUGE

State

LA

Zip Code

70811-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E BATON ROUGE PARRISH SCH-  
OOL B

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931964

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

171.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1260 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALFRED LANG

Mailing Address 2390 VIRGINIA STREET

City

PARK RIDGE

State

IL

Zip Code

60068-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938638

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES R. LANG

Mailing Address 216 WHITING LN.

City

CHESTERFIELD

State

MO

Zip Code

63005-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934279

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HELEN L. LANG

Mailing Address 28 HILLSIDE RD

City

BEACON

State

NY

Zip Code

12508-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938472

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

211.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1261 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN L. LANG

Mailing Address 28 HILLSIDE RD

City

BEACON

State

NY

Zip Code

12508-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 1 0

Transaction ID: SA11.13971536

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KENNETH LANG

Mailing Address 13627 WINTER CREEK COURT

City

HOUSTON

State

TX

Zip Code

77077-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIDGEWOOD ENERGY

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13937404

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. LANG

Mailing Address 5189 WOODWARD DR.

City

DOYLESTOWN

State

PA

Zip Code

18902-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEPA

Occupation  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950023

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1065.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1262 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. RICHARD L. LANG**

Mailing Address **5189 WOODWARD DR.**

City State Zip Code  
**DOYLESTOWN PA 18902-1229**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**AEPA**

Occupation  
**PHYSICIAN ASSISTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13950219

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. JENNIFER LANGAN**

Mailing Address **3230 TERRA GRANADA DR.  
APT 2A**

City State Zip Code  
**WALNUT CREEK CA 94595-3550**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936063

Amount of Each Receipt this Period

1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. ROGER W. LANGEIERS**

Mailing Address **23021 BRUSHLINE CT**

City State Zip Code  
**BEND OR 97701-0119**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**ROGER LANGEIERS CONST**

Occupation  
**CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13933296

Amount of Each Receipt this Period

251.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

292.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1263 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ETHEL M. LANGFORD

Mailing Address 1725 10 RD

City State Zip Code  
MACK CO 81525-9778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928515

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ETHEL M. LANGFORD

Mailing Address 1725 10 RD

City State Zip Code  
MACK CO 81525-9778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940848

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
ETHEL M. LANGFORD

Mailing Address 1725 10 RD

City State Zip Code  
MACK CO 81525-9778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950340

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1264 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ETHEL M. LANGFORD

Mailing Address 1725 10 RD

City State Zip Code  
MACK CO 81525-9778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969811

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. GARY LANGHAM

Mailing Address 20002 POWERS COURT DR

City State Zip Code  
HUMBLE TX 77346-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEHAVIORAL SCIENCE TECHNO-  
LOGY, INC.

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931852

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
RICK LANGHOLZ

Mailing Address 700 11TH. ST.

City State Zip Code  
FALLS CHURCH VA 22046-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936144

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1265 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**C. E. LANGSTON**

Mailing Address **2102 W. MYRTLE DR.**

City State Zip Code  
**CHANDLER AZ 85248-4121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944152

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT D. LANIER**

Mailing Address **P.O. BOX 322**

City State Zip Code  
**PLEASANT VIEW CO 81331-0322**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**346.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956693

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN P. LANIGAN**

Mailing Address **4713 CRANBROOK DR W**

City State Zip Code  
**COLLEYVILLE TX 76034-4364**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BNSF CORP.**

Occupation  
**EXECUTIVE V. P.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 23 / 2010**

Transaction ID: SA11.13947652

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5101.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1266 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSHUA M. LANKFORD

Mailing Address P.O. BOX 626

City

POCOMOKE CITY

State

MD

Zip Code

21851-0626

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950432

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TERRI LANNIGAN WAHID

Mailing Address 2823 HUNTER ROAD

City

FAIRFAX

State

VA

Zip Code

22031-1437

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13961177

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SPENCER K. LANYI

Mailing Address 915 E COURT ST APT 203

City

FLINT

State

MI

Zip Code

48503-2079

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13956012

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1267 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS P. LARDNER

Mailing Address 12144 CLEAR CREEK RD. NW

City

SILVERDALE

State

WA

Zip Code

98383-9629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941229

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GLENN C. LAREW

Mailing Address 149 MEADOW VIEW LN

City

MORGANTOWN

State

WV

Zip Code

26508-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961543

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOYT H. LARISON

Mailing Address 12021 N. VISTAWOOD COURT

City

SPOKANE

State

WA

Zip Code

99218-2968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959337

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1268 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. LARKIN

Mailing Address 4700 SW HOLLYHOCK CIR  
APT 323

City State Zip Code  
CORVALLIS OR 97333-1491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969172

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS LAROSE

Mailing Address 268 TUCKERS CORNERS ROAD

City State Zip Code  
HIGHLAND NY 12528-2260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961650

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS LAROSE

Mailing Address 268 TUCKERS CORNERS ROAD

City State Zip Code  
HIGHLAND NY 12528-2260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961651

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1269 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. JOHN E. LAROWE

Mailing Address **3801 VILLAGE VIEW DR APT 1120**  
**LANIER VILLAGE**

City State Zip Code  
**GAINESVILLE GA 30506-4334**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938694

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. JOHN E. LAROWE

Mailing Address **3801 VILLAGE VIEW DR APT 1120**  
**LANIER VILLAGE**

City State Zip Code  
**GAINESVILLE GA 30506-4334**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969723

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 BARBARA ANN LARSEN

Mailing Address **24876 PASEO DEL RANCHO**

City State Zip Code  
**CALABASAS CA 91302-3083**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945327

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1270 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. EVA E. LARSEN

Mailing Address 1323 QUEENS RD

City

CHARLOTTE

State

NC

Zip Code

28207-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11.13968299

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK L. LARSEN

Mailing Address 241 DEL MESA DRIVE

City

CARMEL

State

CA

Zip Code

93923-7959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930340

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. C. RODNEY LARSON

Mailing Address 58925 858 RD

City

EMERSON

State

NE

Zip Code

68733-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13960225

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

371.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1271 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DEL LARSON

Mailing Address 5262 337TH AVE NW

City

CAMBRIDGE

State

MN

Zip Code

55008-7424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEL LARSON INSURANCEAL

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951229

Amount of Each Receipt this Period

95.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. IRVIN J. LARSON

Mailing Address 11462 PALA MESA DR

City

PORTER RANCH

State

CA

Zip Code

91326-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956715

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY D. LARSON

Mailing Address 7818 SHRIKE CT.

City

INDIANAPOLIS

State

IN

Zip Code

46256-1766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939023

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1272 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY D. LARSON

Mailing Address 7818 SHRIKE CT.

City

INDIANAPOLIS

State

IN

Zip Code

46256-1766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939829

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KIRK T. LARSON

Mailing Address 6913 RIQUEZA CT.

City

ELK GROVE

State

CA

Zip Code

95757-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA WATER BAORD

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928792

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD LARSON

Mailing Address P.O. BOX 2020

City

OROVILLE

State

WA

Zip Code

98844-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DROVILLE PHARMACY

Occupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930195

Amount of Each Receipt this Period

202.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

453.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1273 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERIC LARUE

Mailing Address P.O. BOX 412

City

SALEM

State

KY

Zip Code

42078-0412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963944

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TREY C. LARY

Mailing Address 6138 SUGAR HILL DR

City

HOUSTON

State

TX

Zip Code

77057-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABHR LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945271

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD J. LASHER

Mailing Address 15 LAURELWOOD DRIVE

City

NEW HARTFORD

State

NY

Zip Code

13413-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942615

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1274 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEONARD LASKIN

Mailing Address 8400 CALLIE AVE UNIT 610

City

MORTON GROVE

State

IL

Zip Code

60053-5009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940661

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILL LATHAM

Mailing Address 407 ORCHARD PARK STE 1C

City

RIDGELAND

State

MS

Zip Code

39157-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955853

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HELEN A. LATHAM

Mailing Address 427 S ERIE STREET

City

WHEATON

State

IL

Zip Code

60187-4545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941690

Amount of Each Receipt this Period

251.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

486.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1275 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD V. LATHROP

Mailing Address 49 SAN LUIS CT

City

NOVATO

State

CA

Zip Code

94945-1772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933933

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR C. LATNO

Mailing Address 67 CONVENT CT

City

SAN RAFAEL

State

CA

Zip Code

94901-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956244

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. LATTA

Mailing Address 1011 CY ANN DR.

City

CHESTERFIELD

State

MO

Zip Code

63017-8402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966092

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1276 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

A. LAUB

Mailing Address 1006 WISTERIA WAY

City

WAYLAND

State

MA

Zip Code

01778-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946483

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES T. LAUBACH

Mailing Address 815 SUWANEE LN

City

HOUSTON

State

TX

Zip Code

77090-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961987

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ANNA LAUCHER

Mailing Address 5665 BLACKSBURG ROAD

City

CATAWBA

State

VA

Zip Code

24070-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945818

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

630.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1277 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. HAROLD LAUGHLIN**

Mailing Address **1325 JEFFERSON AVE.**

City State Zip Code  
**DOWNERS GROVE IL 60516-1214**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963533

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES R. LAUGHLIN**

Mailing Address **445 BAY HILL DR.**

City State Zip Code  
**GRAFORD TX 76449-5017**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951372

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**BEVERLY J. LAURITO**

Mailing Address **2541 ROSE RIDGE CT.**

City State Zip Code  
**DAYTON OH 45459-1398**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13964407

Amount of Each Receipt this Period

**175.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**425.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1278 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VINCENT D. LAURIA

Mailing Address 738 BIRCHWOOD PARK DR

City

MIDDLE ISLAND

State

NY

Zip Code

11953-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933003

Amount of Each Receipt this Period

11.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VINCENT D. LAURIA

Mailing Address 738 BIRCHWOOD PARK DR

City

MIDDLE ISLAND

State

NY

Zip Code

11953-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949267

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RITA L. LAUZON

Mailing Address 14 INGHAM ST. # 1

City

CHICOPEE

State

MA

Zip Code

01013-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946542

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

56.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1279 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RITA L. LAUZON

Mailing Address 14 INGHAM ST. # 1

City

CHICOPEE

State

MA

Zip Code

01013-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967519

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STELLA LAVENBURG

Mailing Address 1896 FAIR RD.

City

SCHUYKL HAVN

State

PA

Zip Code

17972-8930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945857

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT S. LAVET

Mailing Address 9976 HIDDEN OAKS CT.

City

VIENNA

State

VA

Zip Code

22181-5373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960245

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1280 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. MARY LAVOY**

Mailing Address **180 E STERNS RD**

City State Zip Code  
**TEMPERANCE MI 48182-9513**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13955200

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. JACK LAWLER**

Mailing Address **1312 7TH AVENUE NE**

City State Zip Code  
**JACKSONVILLE AL 36265-1175**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941916

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. GARY LAWRENCE**

Mailing Address **3663 S SHERIDAN BLVD APT 12**

City State Zip Code  
**DENVER CO 80235-2950**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**KINGS SUPER**

Occupation  
**GROCERY CLERK**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13928278

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1281 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. JACQUELINE LAWRENCE**

Mailing Address **2737 S CAMINO REAL**

City State Zip Code  
**PALM SPRINGS CA 92264-9420**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945325

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**ROBERT D. LAWRY**

Mailing Address **511 E TIMBERLAKE EAST DR.**

City State Zip Code  
**SHELTON WA 98584-7909**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**410.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931800

Amount of Each Receipt this Period

**155.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**CHARLES LAWSON**

Mailing Address **10 LINCOLN ST**

City State Zip Code  
**ELLSWORTH ME 04605-1617**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**510.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13947815

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**335.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1282 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 MR. DAVID E. LAWSON

Mailing Address 14611 MINNICH ROAD

City State Zip Code  
 HOAGLAND IN 46745-9706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941770

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MRS. PAMELA LAWSON

Mailing Address 3612 PENINSULA COURT

City State Zip Code  
 NASHVILLE TN 37217-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944772

Amount of Each Receipt this Period

85.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. KEITH D. LAWTON

Mailing Address 221 HIDDEN VALLEY LANE

City State Zip Code  
 CASTLE ROCK CO 80108-3487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962481

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

635.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1283 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OGDEN C. LAZENBY

Mailing Address 61 SCIPIO RD.

City

BEAUFORT

State

SC

Zip Code

29906-6767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932764

Amount of Each Receipt this Period

61.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. OGDEN C. LAZENBY

Mailing Address 61 SCIPIO RD.

City

BEAUFORT

State

SC

Zip Code

29906-6767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934201

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THACH KIM LE

Mailing Address 3153 OAKBRIDGE DR

City

SAN JOSE

State

CA

Zip Code

95121-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962919

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

161.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1284 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERIC S. LE CLERCQ

Mailing Address 120 MEETING ST

City

CHARLESTON

State

SC

Zip Code

29401-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV. OF TN

Occupation

PROFESSOR OF LAW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940858

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP D. LEADBEATER

Mailing Address 24804 ROLLING OAK RD

City

SORRENTO

State

FL

Zip Code

32776-8792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BELL CHEM.

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962668

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICK LEAHY

Mailing Address 223 SIXTH ST. SE

City

WASHINGTON

State

DC

Zip Code

20003-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SENIOR ADVISOR

Occupation

US ELECTION ASSISTANCE COMMISSION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959369

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1285 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GWENDOLYN M. LEAKE

Mailing Address 1006 WESTWOOD ST.

City

PASCAGOULA

State

MS

Zip Code

39567-7576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932869

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. LEANNA

Mailing Address 2601 SHE BOSS RD

City

DUCK RIVER

State

TN

Zip Code

38454-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955898

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. J. RALPH LEATHERMAN

Mailing Address 2 CLUBHOUSE GREEN

City

SAN ANTONIO

State

TX

Zip Code

78257-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956737

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1261.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1286 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CUC LEBA

Mailing Address 116 VILLANOVA DR

City

LAWRENCE TOWNSHIP

State

NJ

Zip Code

08648-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936814

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CUC LEBA

Mailing Address 116 VILLANOVA DR

City

LAWRENCE TOWNSHIP

State

NJ

Zip Code

08648-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939709

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CUC LEBA

Mailing Address 116 VILLANOVA DR

City

LAWRENCE TOWNSHIP

State

NJ

Zip Code

08648-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943143

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

121.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1287 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS ALICE LEBEWOHL

Mailing Address 5500 CALLE REAL BLDG A

City

SANTA BARBARA

State

CA

Zip Code

93111-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931380

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS ALICE LEBEWOHL

Mailing Address 5500 CALLE REAL BLDG A

City

SANTA BARBARA

State

CA

Zip Code

93111-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969156

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. V. PRICE LEBLANC

Mailing Address 8811 VETERANS MEMORIAL BOULEVARD

City

METAIRIE

State

LA

Zip Code

70003-5236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957949

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1288 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD K. LEBLOND

Mailing Address 1000 VICARS LANDING WAY APT C3

City

PONTE VEDRA

State

FL

Zip Code

32082-3160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954670

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ALICE LEBOWOHL

Mailing Address 5500 CALLE REAL APT 129

City

SANTA BARBARA

State

CA

Zip Code

93111-1692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945997

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ALICE LEBOWOHL

Mailing Address 5500 CALLE REAL APT 129

City

SANTA BARBARA

State

CA

Zip Code

93111-1692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949153

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1289 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS M. LECCESE, JR.

Mailing Address 31 COBB AVENUE

City

WHITE PLAINS

State

NY

Zip Code

10606-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXIS REINSURANCE

Occupation  
ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958427

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. LEDFORD

Mailing Address 20419 CRESCENT POINTE PL

City

ASHBURN

State

VA

Zip Code

20147-5538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958535

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SUZIE DAY LEDIEU

Mailing Address 805 WHISPERING BROOKE DR.

City

NEWTOWN SQ

State

PA

Zip Code

19073-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLY CHILD ACADEMY

Occupation  
SCHOOL TEACHER- PART TIME

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935789

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

126.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1290 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. ELEANOR LEE

Mailing Address 1930 W. RIVER BEND COURT

City State Zip Code  
MEQUON WI 53092-2925FEC ID number of contributing  
federal political committee.**C**Name of Employer  
LOGEMANN BROTHERS COMPANYOccupation  
MARKETER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957011

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
DR. GEORGE C. LEE

Mailing Address 1749 LAS PALMITAS STREET

City State Zip Code  
S. PASADENA CA 91030-3530FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941037

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. JAMES H. LEE

Mailing Address 2916 OAK AVE

City State Zip Code  
MATTOON IL 61938-4936FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947529

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1291 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANET L. LEE

Mailing Address 69 SKILLINGS CORNER RD

City

AUBURN

State

ME

Zip Code

04210-8723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947769

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN RIDINGS LEE, JR.

Mailing Address 120 NORTH TOPANGA CANYON ROAD

City

TOPANGA

State

CA

Zip Code

90290-3851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIDINGS/MACKLER ENTERTAIN-  
MENT (RME)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928416

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY H. LEE

Mailing Address 450 COUNTY RD. 410

City

MADISONVILLE

State

TN

Zip Code

37354-8918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962263

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1292 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MOLLY LEE

Mailing Address 112 SHANNON LN

City

GRANVILLE

State

OH

Zip Code

43023-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13962878

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MOLLY LEE

Mailing Address 112 SHANNON LN

City

GRANVILLE

State

OH

Zip Code

43023-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963573

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICHARD C. LEE

Mailing Address 3304 N SEA PINES CIR

City

MESA

State

AZ

Zip Code

85215-0751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13952533

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

321.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1293 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**RICHARD C. LEE**

Mailing Address **3304 N SEA PINES CIR**

City State Zip Code  
**MESA AZ 85215-0751**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**216.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13960342

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**ROBERT E. LEE**

Mailing Address **P.O. BOX 40035**

City State Zip Code  
**TUCSON AZ 85717-0035**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**R.E. LEE MECHANICAL CONTR-  
 ACTING**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**CONTRACTOR**

Aggregate Year-to-Date ▼

**1130.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935125

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**ROBERT E. LEE**

Mailing Address **P.O. BOX 40035**

City State Zip Code  
**TUCSON AZ 85717-0035**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**R.E. LEE MECHANICAL CONTR-  
 ACTING**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**CONTRACTOR**

Aggregate Year-to-Date ▼

**1130.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952853

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**285.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1294 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. TOMMY L. LEE

Mailing Address 4370 N CHINA RD

City State Zip Code  
BEAUMONT TX 77713-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950123

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. VIVIAN L. LEE

Mailing Address 2207 STONEY BROOK DR

City State Zip Code  
HOUSTON TX 77063-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967241

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
YUNG J. LEE

Mailing Address 909 BOREN AVE APT. 506

City State Zip Code  
SEATTLE WA 98104-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952069

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

295.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1295 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**YUNG J. LEE**

Mailing Address **909 BOREN AVE APT. 506**

City State Zip Code  
**SEATTLE WA 98104-1381**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**212.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953740

Amount of Each Receipt this Period

**2.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MISS LISANNE E. LEECH**

Mailing Address **940 ADELAIDE DR**

City State Zip Code  
**NORTHBROOK IL 60062-3423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931616

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JEROME H. LEFFELER**

Mailing Address **75 JEWEL DR**

City State Zip Code  
**WINFIELD MO 63389-3008**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955610

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**82.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1296 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HELEN D. LEFOR

Mailing Address 80 GOLD ST APT 3J

City

NEW YORK

State

NY

Zip Code

10038-1880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928265

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HELEN D. LEFOR

Mailing Address 80 GOLD ST APT 3J

City

NEW YORK

State

NY

Zip Code

10038-1880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942068

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ARLENE B. LEGARE

Mailing Address 500 PATT AVENUE  
APARTMENT 11

City

GLENDALE

State

MT

Zip Code

59330-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13969496

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1297 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DANNY LEGATE

Mailing Address 2411 S.E. AVALON RD.

City

PORT ST LUCIE

State

FL

Zip Code

34952-6572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AWARENESS TECH

Occupation

PAINTER ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934867

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DANNY LEGATE

Mailing Address 2411 S.E. AVALON RD.

City

PORT ST LUCIE

State

FL

Zip Code

34952-6572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AWARENESS TECH

Occupation

PAINTER ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956311

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DANNY LEGATE

Mailing Address 2411 S.E. AVALON RD.

City

PORT ST LUCIE

State

FL

Zip Code

34952-6572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AWARENESS TECH

Occupation

PAINTER ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11.13960666

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1298 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. LEGERSKI

Mailing Address 4011 DOMINION ST

City

BISMARCK

State

ND

Zip Code

58503-5524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIS RESOURCES ENGINEERING  
AND MGMT.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951579

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD A. LEHMAN

Mailing Address 375 N BROAD ST

City

CANFIELD

State

OH

Zip Code

44406-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959967

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARY H. LEHMAN

Mailing Address 5111 TANGLE LN

City

HOUSTON

State

TX

Zip Code

77056-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952456

Amount of Each Receipt this Period

82.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

218.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1299 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NORMA LEHR

Mailing Address 525 LEHR PL

City

MANTECA

State

CA

Zip Code

95336-3762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929649

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LOUISE S. LEHRMAN

Mailing Address 1 FAWCETT PLACE  
STE. 130

City

GREENWICH

State

CT

Zip Code

06830-6553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945233

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. LEIDER

Mailing Address 24108 220TH PL SE

City

MAPLE VALLEY

State

WA

Zip Code

98038-5885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949236

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1300 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. LEILICH

Mailing Address 11 CHESTNUT HILL CT

City

SPRING

State

TX

Zip Code

77380-4617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970044

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHERI L. LEMLEY

Mailing Address 4726 DORNOCH CT

City

RAPID CITY

State

SD

Zip Code

57702-9543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BHJMC- SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13938877

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK L. LEMMON

Mailing Address 1717 MAIN ST  
STE 5880

City

DALLAS

State

TX

Zip Code

75201-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972163

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1051.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1301 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. KENNETH W. LEMONS**

Mailing Address **P.O. BOX 340309**

City State Zip Code  
**AUSTIN TX 78734-0006**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**REDSTONE OPERATING INC**

Occupation  
**OIL & GAS PRODUCTION**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956747

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT LEMON, III**

Mailing Address **201 SAINT CHARLES AVE FL 48**

City State Zip Code  
**NEW ORLEANS LA 70170**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**JONES WALKER**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13946735

Amount of Each Receipt this Period

201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. JEAN P. LENHART**

Mailing Address **1400 GEARY BLVD APT 2409**

City State Zip Code  
**SAN FRANCISCO CA 94109-9316**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13938503

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1256.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1302 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FATHER FRANK M. LENZ

Mailing Address 456 CO. RD. KB

City

MARQUETTE

State

MI

Zip Code

49855-9750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROMAN CATHOLIC DIOCESE OF  
MARQUETTE

Occupation

CATHOLIC PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955857

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARY LENZI

Mailing Address P.O. BOX 159

City

CLAYPOOL

State

AZ

Zip Code

85532-0159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933193

Amount of Each Receipt this Period

46.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARY LENZI

Mailing Address P.O. BOX 159

City

CLAYPOOL

State

AZ

Zip Code

85532-0159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942789

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1303 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. DAVID LEONARD**

Mailing Address **108 AUTUMN WIND DR**

City State Zip Code  
**MADISON AL 35758-8006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**266.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941560

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES WALTER LEONARD**

Mailing Address **500 1/2 S MAIN ST.**

City State Zip Code  
**MANSFIELD OH 44907-5005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WAL-MART**

Occupation  
**CLERK/CASHIER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**253.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13940210

Amount of Each Receipt this Period

**10.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES WALTER LEONARD**

Mailing Address **500 1/2 S MAIN ST.**

City State Zip Code  
**MANSFIELD OH 44907-5005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WAL-MART**

Occupation  
**CLERK/CASHIER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**253.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954364

Amount of Each Receipt this Period

**10.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**121.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1304 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARCUS K. LEONARD

Mailing Address P.O. BOX 51

City

LACASSINE

State

LA

Zip Code

70650-0051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

DRILLING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932688

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL LEONARD

Mailing Address 610 TERRELL RD.

City

SAN ANTONIO

State

TX

Zip Code

78209-6131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931448

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA LEONARD

Mailing Address 728 E ACOMA DR

City

PHOENIX

State

AZ

Zip Code

85022-4356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929353

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

631.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1305 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA LEONARD

Mailing Address 728 E ACOMA DR

City

PHOENIX

State

AZ

Zip Code

85022-4356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11.13968131

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH T. LEONE

Mailing Address 83 PANORAMA TRL.

City

ROCHESTER

State

NY

Zip Code

14625-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963250

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW S. LEONG

Mailing Address 566 COMMERCIAL ST.

City

SAN FRANCISCO

State

CA

Zip Code

94111-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949339

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1306 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY LEOPOLD

Mailing Address 2805 E. 132ND AVE.

City

THORNTON

State

CO

Zip Code

80241-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WHATLEY, INC

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932065

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY ELLEN LEOPOLD

Mailing Address 4445 LYNBROOK LOOP  
APT 2

City

REDDING

State

CA

Zip Code

96003-6840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942079

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN K. LERMOND

Mailing Address 2 SKYVIEW DR

City

NORTH HALEDON

State

NJ

Zip Code

07508-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937474

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1307 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN K. LERMOND

Mailing Address 2 SKYVIEW DR

City

NORTH HALEDON

State

NJ

Zip Code

07508-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965373

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. AUDREY D. LERTORA

Mailing Address 1291 LAKEMONT DRIVE

City

PITTSBURGH

State

PA

Zip Code

15243-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939255

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. AUDREY D. LERTORA

Mailing Address 1291 LAKEMONT DRIVE

City

PITTSBURGH

State

PA

Zip Code

15243-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945708

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1308 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. CATHY A. LESHER**

Mailing Address **4485 RAVENNA AVE SE**

City State Zip Code  
**EAST CANTON OH 44730-9730**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**D & K SUPPLY AND EQUIPMENT  
INC.**

Occupation  
**OFFICE MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13962504**

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**THOMAS LESSER**

Mailing Address **3045 WOODSTREAM DRIVE**

City State Zip Code  
**VALDESE NC 28690-9449**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHRISTIAN BROTHERS FOUNDATION**

Occupation  
**ADMINISTRATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 15 / 2010**

**Transaction ID: SA11.13928494**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. CHARLES E. LETOURNEAU**

Mailing Address **583 HARDISON DRIVE**

City State Zip Code  
**ARAPAHOE NC 28510-9717**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**295.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13935788**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1309 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. RITA LETTIERI**

Mailing Address **1113A THORNBURY LN**

City State Zip Code  
**MANCHESTER NJ 08759-5269**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959702

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. WENDY LEUNG**

Mailing Address **2712 LONG GROVE DR**

City State Zip Code  
**MARIETTA GA 30062-8716**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**331.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940045

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. WENDY LEUNG**

Mailing Address **2712 LONG GROVE DR**

City State Zip Code  
**MARIETTA GA 30062-8716**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**331.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952148

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**105.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1310 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. NORMA LEVER

Mailing Address 702 SPRING LN

City State Zip Code  
LANSDALE PA 19446-6231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946302

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. ETHEL LEVINE

Mailing Address 7925 150TH STREET  
APARTMENT F21

City State Zip Code  
FLUSHING NY 11367-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946231

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. ETHEL LEVINE

Mailing Address 7925 150TH STREET  
APARTMENT F21

City State Zip Code  
FLUSHING NY 11367-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959974

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

235.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1311 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. H. FRED LEVINE

Mailing Address 109 NORTH POST OAK LANE  
SUITE 350

City State Zip Code  
HOUSTON TX 77024-7769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FREVEL, LTD.

Occupation  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966055

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERBERT A. LEVIN

Mailing Address 724 E GRINNELL DR

City State Zip Code  
BURBANK CA 91501-1720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF JUSTICE OF  
THE STATE OF

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940604

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HERBERT A. LEVIN

Mailing Address 724 E GRINNELL DR

City State Zip Code  
BURBANK CA 91501-1720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF JUSTICE OF  
THE STATE OF

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952954

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1312 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERBERT A. LEVIN

Mailing Address 724 E GRINNELL DR

City

BURBANK

State

CA

Zip Code

91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPARTMENT OF JUSTICE OF  
THE STATE OF

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972776

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RONALD J. LEVY

Mailing Address 613 EAGLE VIEW CIR

City

TALLAHASSEE

State

FL

Zip Code

32311-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961040

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID LEWIS

Mailing Address 9221 CANTER DR

City

DALLAS

State

TX

Zip Code

75231-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINCOLN PROPERTY

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932473

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

101.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1313 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID LEWIS

Mailing Address 9221 CANTER DR

City

DALLAS

State

TX

Zip Code

75231-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINCOLN PROPERTY

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941012

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID LEWIS

Mailing Address 9221 CANTER DR

City

DALLAS

State

TX

Zip Code

75231-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINCOLN PROPERTY

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943674

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID LEWIS

Mailing Address 9221 CANTER DR

City

DALLAS

State

TX

Zip Code

75231-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINCOLN PROPERTY

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956531

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1314 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HARLEY EDWIN LEWIS

Mailing Address 66 DAYFLOWER

City

NILES

State

MI

Zip Code

49120-4472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932603

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. LEWIS

Mailing Address 715 MAIDEN CHOICE LANE  
APT. HV415

City

CATONSVILLE

State

MD

Zip Code

21228-5990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948357

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. LEWIS

Mailing Address 715 MAIDEN CHOICE LANE  
APT. HV415

City

CATONSVILLE

State

MD

Zip Code

21228-5990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949724

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

602.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1315 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH K. LEWIS

Mailing Address 13559 KENSINGTON PL.

City

CARMEL

State

IN

Zip Code

46032-5360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966181

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SALLY N. LEWIS

Mailing Address 12135 STEVENS CT

City

LIVE OAK

State

TX

Zip Code

78233-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929616

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

STAN LEWIS

Mailing Address 959 BEAR PAW RDG

City

DAHLONEGA

State

GA

Zip Code

30533-7169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937194

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1316 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT T. LEWIT

Mailing Address 7721 STATE ROUTE 8

City

BRANT LAKE

State

NY

Zip Code

12815-2249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945650

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM V. LEWIT

Mailing Address 25 VALLEY RD.

City

SCARSDALE

State

NY

Zip Code

10583-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935662

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK LEWON

Mailing Address 4000 S 2000 EAST

City

SALT LAKE CITY

State

UT

Zip Code

84124-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTAH METAL WORKS INC.

Occupation

V P/OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965616

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1317 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID W. LEYSHON

Mailing Address 408 TRIO LN

City

WEST CHESTER

State

PA

Zip Code

19382-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LYONDELL

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935722

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID W. LEYSHON

Mailing Address 408 TRIO LN

City

WEST CHESTER

State

PA

Zip Code

19382-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LYONDELL

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946195

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JUANITA LIEBER

Mailing Address 3634 S 215TH ST W

City

GODDARD

State

KS

Zip Code

67052-8963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965328

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1318 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VICTORIA L. LIGGETT, JR.

Mailing Address 625 LAKE SHORE ROAD

City

GROSSE POINTE SHOR

State

MI

Zip Code

48236-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13966039

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARGUERITE F. LILLARD

Mailing Address 617 PARK BLVD.

City

BATON ROUGE

State

LA

Zip Code

70806-5332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954600

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLENE LIMERICK

Mailing Address 586 LIMERICK ROAD

City

SHUQUALAK

State

MS

Zip Code

39361-9629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945011

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1319 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MITCHELL M. J. LIN

Mailing Address 14 SHADOW CREEK

City

PENFIELD

State

NY

Zip Code

14526-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASTMAN KODAK COMPANY

Occupation

RESEARCH FELLOW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959107

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PRISCILLA M.P. LIN

Mailing Address 275 W RIVERGLEN DR.

City

COLUMBUS

State

OH

Zip Code

43085-3869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CORE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960096

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DEXTER C. LINDBERG

Mailing Address 15912 SE 35TH ST

City

VANCOUVER

State

WA

Zip Code

98683-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972038

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

251.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1320 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SANDY LINDEMAN

Mailing Address 1915 S. DATE STREET

City

PLAINVIEW

State

TX

Zip Code

79072-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPROCK-PLAINS BAPTIST AR-  
EA

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942620

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN LINDNER

Mailing Address 6310 N AMES AVE

City

KANSAS CITY

State

MO

Zip Code

64151-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEOPLES BANK

Occupation

LOAN OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939157

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. LINDSAY

Mailing Address 13059 W LAKE SALLIE DRIVE

City

DETROIT LAKES

State

MN

Zip Code

56501-7101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928974

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 1321 / 3187**  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. DAVID T. LINDSAY**

Mailing Address **420 E. 500 S.**  
**P.O. BOX 362**

City **HEBER CITY** State **UT** Zip Code **84032-2345**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**GENUIMS POSTS CO**

Occupation  
**TRUCK DRIVER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13933312

Amount of Each Receipt this Period

102.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. JAMES LINDSAY**

Mailing Address **1115 SKYLINE DR**

City **ELKHORN** State **NE** Zip Code **68022-1731**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 7 / 2 0 1 0**

Transaction ID: SA11.13928782

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. ORVILLE C. LINDSEY**

Mailing Address **P.O. BOX 128**

City **THROCKMORTON** State **TX** Zip Code **76483-0128**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RANCHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13930471

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

352.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1322 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALBERT LINENDOLL

Mailing Address 149 KINGSLEY RD.

City

BURNT HILLS

State

NY

Zip Code

12027-9505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954537

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

IRVING LINGO

Mailing Address 132 ALTON RD

City

NASHVILLE

State

TN

Zip Code

37205-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929671

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JULIE LINN

Mailing Address 2830 S COLUMBUS ST

City

ARLINGTON

State

VA

Zip Code

22206-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
K12 INC.

Occupation  
BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959416

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1323 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROBERTA LINN

Mailing Address PO BOX 945

City

FORT SUMNER

State

NM

Zip Code

88119-0945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964434

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. COREY A. LINQUIST

Mailing Address 2521 CLARKSVILLE ROAD

City

RESCUE

State

CA

Zip Code

95672-9606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METROPCS, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGEMENT

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951593

Amount of Each Receipt this Period

525.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. COREY A. LINQUIST

Mailing Address 2521 CLARKSVILLE ROAD

City

RESCUE

State

CA

Zip Code

95672-9606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METROPCS, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGEMENT

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964449

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1324 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. TROY E. LIPP**

Mailing Address **21121 PEACH TREE RD**

City State Zip Code  
**DICKERSON MD 20842-9164**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13945493**

Amount of Each Receipt this Period

**85.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. MARTHA LIPPERT**

Mailing Address **2801 NE 133RD STREET**

City State Zip Code  
**EDMOND OK 73013-5687**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**245.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931583**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**PHILLIP E. LIPPINCOTT**

Mailing Address **P.O. BOX 2159**

City State Zip Code  
**PARK CITY UT 84060-2159**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13934647**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**335.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1325 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN T. LIPPIA

Mailing Address 10412 CHIMNEY FLAT CT

City

LAS VEGAS

State

NV

Zip Code

89129-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENTERTAINER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942835

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS LIPSKY

Mailing Address 301 ELIZABETH STREET

City

NEW YORK

State

NY

Zip Code

10012-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEYFARTH SHAW LLP

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918874

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM LIPSKY

Mailing Address 5802 PICASSO PL

City

HOUSTON

State

TX

Zip Code

77096-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955662

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1326 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JEFFREY LISKO**

Mailing Address **9116 STEPHENS POINTE**

City State Zip Code  
**EDEN PRAIRIE MN 55347**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MINNESOTA GASTROENTEROLOGY**

Occupation  
**GASTROENTEROLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3500.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11A.13977519**

Amount of Each Receipt this Period

**2500.00**

**IN-KIND CONTRIBUTION**

**IN-KIND: FOOD AND DRINKS**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ANNA E. LISTENBERGER**

Mailing Address **914 THAYER STREET**

City State Zip Code  
**PLYMOUTH IN 46563-2861**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13949420**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ANNA E. LISTENBERGER**

Mailing Address **914 THAYER STREET**

City State Zip Code  
**PLYMOUTH IN 46563-2861**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13961058**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**2570.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1327 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. LISTER

Mailing Address 4549 PECAN VALLEY DRIVE

City

PLANO

State

TX

Zip Code

75093-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948197

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. STEVEN LITINSKY

Mailing Address 17052 BROOKWOOD DR.

City

BOCA RATON

State

FL

Zip Code

33496-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELRAY EYE ASSOCIATES, P.-  
A.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945563

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOSEPH LITTELL

Mailing Address 531 GROSS STREET

City

PITTSBURGH

State

PA

Zip Code

15224-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965290

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1328 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
NELSON LITTERST

Mailing Address

325 7TH ST. NW SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C2 GROUP, LLC

Occupation  
PARTNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11A.13977528

Amount of Each Receipt this Period

250.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

B.

Full Name (Last, First, Middle Initial)  
MR. BILLY I. LITTLE

Mailing Address 5401 WILMA ST

City

TORRANCE

State

CA

Zip Code

90503-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939314

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. JACK LITTLE

Mailing Address 969 MEGAN LN

City

WILLARD

State

MO

Zip Code

65781-8199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929665

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1329 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LARRY R. LITTLE**

Mailing Address **209 CACIQUE DRIVE**

City State Zip Code  
**SAINT AUGUSTINE FL 32086-8828**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ARMOR HEALTHCARE INC.**

Occupation  
**NURSE/RN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**295.00**

Date of Receipt

**11 / 05 / 2010**

**Transaction ID: SA11.13966272**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. MARK S. LITTLE**

Mailing Address **107 PALMETTO DUNES CIR**

City State Zip Code  
**NAPLES FL 34113-7559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13938706**

Amount of Each Receipt this Period

**80.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT WESLEY LITTLE**

Mailing Address **2921 NORMAN CIR.**

City State Zip Code  
**DULUTH GA 30096-3649**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**415.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13944469**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**170.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1330 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**ROGERS LITTLEJOHN**

Mailing Address **401 WOODCREEK DR.**

City State Zip Code  
**LYNDEN WA 98264-1111**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931911

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**SHONNA LITTLE**

Mailing Address **19 FOX ISLAND LANE**

City State Zip Code  
**GREAT FALLS MT 59405-8216**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13928819

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. SUSAN L. LITTLE**

Mailing Address **4 MILL RD**

City State Zip Code  
**MALVERN PA 19355-3514**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13945320

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1331 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. TOM D. LITTLE

Mailing Address 303 SALISH CT

City

KALISPELL

State

MT

Zip Code

59901-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13929992

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM LITTLE

Mailing Address 6663 ARMITOS DRIVE

City

CAMARILLO

State

CA

Zip Code

93012-8828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930375

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PAT LITTON

Mailing Address 5925 STATE HIGHWAY 59 S

City

GILLETTE

State

WY

Zip Code

82718-6908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963863

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

351.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1332 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JESSIE LIU

Mailing Address 5215 WASHINGTON BOULEVARD

City

ARLINGTON

State

VA

Zip Code

22205-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JENNER & BLOCK LLPOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13957625

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LIN LIN LIU

Mailing Address 6714 WESTCHESTER

City

HOUSTON

State

TX

Zip Code

77005-3758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13959350

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. LIVESAY, JR.

Mailing Address 654 BOYS CAMP RD.  
P.O. BOX 841

City

KILMARNOCK

State

VA

Zip Code

22482-3817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1775.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933620

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5600.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1333 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. LIVESAY, JR.

Mailing Address 654 BOYS CAMP RD.  
P.O. BOX 841

City State Zip Code  
KILMARNOCK VA 22482-3817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972874

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. WILLIAM LIVINGSTONE, III

Mailing Address 9316 CANTER DR

City State Zip Code  
DALLAS TX 75231-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968877

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. AARON LIVNEY

Mailing Address 215 ASH LN

City State Zip Code  
LAFAYETTE HL PA 19444-2101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953368

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1334 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. AARON LIVNEY

Mailing Address 215 ASH LN

City

LAFAYETTE HL

State

PA

Zip Code

19444-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13961116

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD LJUNGREN

Mailing Address 2165 SUGAR PINE DR

City

CAMBRIDGE

State

MN

Zip Code

55008-2378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931729

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRIS M. LLOYD

Mailing Address 11742 OLDE COVINGTON WAY

City

GLEN ALLEN

State

VA

Zip Code

23059-5741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARSONS BRINCKERHOFF, INC.

Occupation

TRANSPORTATION PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934168

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1335 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRIS M. LLOYD

Mailing Address 11742 OLDE COVINGTON WAY

City

GLEN ALLEN

State

VA

Zip Code

23059-5741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARSONS BRINCKERHOFF, INC.

Occupation

TRANSPORTATION PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935943

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JACK R. LLOYD

Mailing Address 918 GOLDEN BEECH DR.

City

BROOKVILLE

State

OH

Zip Code

45309-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FINANCIAL PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935481

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. LOCKE

Mailing Address 10 W BROOKE DR.

City

NOVATO

State

CA

Zip Code

94947-3642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956710

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

302.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1336 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN LOCKE

Mailing Address 53 WINSTEAD AVE

City

DEDHAM

State

MA

Zip Code

02026-6347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934583

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN LOCKE

Mailing Address 53 WINSTEAD AVE

City

DEDHAM

State

MA

Zip Code

02026-6347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957031

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN LOCKE

Mailing Address 53 WINSTEAD AVE

City

DEDHAM

State

MA

Zip Code

02026-6347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958837

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1337 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NELLIE LOCKSA

Mailing Address 19807 N SIGNAL BUTTE CIR.

City

SUN CITY

State

AZ

Zip Code

85373-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928605

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOANNE A. LOCKWOOD

Mailing Address 169 THELMA DR

City

BATTLE CREEK

State

MI

Zip Code

49014-7831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964647

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH J. LODOVIC

Mailing Address 451 OAK BROOK

City

NEW BRAUNFELS

State

TX

Zip Code

78132-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951655

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1338 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT LOGAN**

Mailing Address **4722 ARMANDALE AVE. N. W.**

City State Zip Code  
**CANTON OH 44718-2279**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**W.L. LOGAN TRUCKING**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13942991**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**ALBERT P. LOGIURATO**

Mailing Address **7A HERITAGE CRST**

City State Zip Code  
**SOUTHBURY CT 06488-1368**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**226.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13949289**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**ALBERT P. LOGIURATO**

Mailing Address **7A HERITAGE CRST**

City State Zip Code  
**SOUTHBURY CT 06488-1368**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**226.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13952704**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1060.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1339 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. LEO H. LOHRMAN

Mailing Address 34 POPLAR STREET

City

STRATFORD

State

CT

Zip Code

06614-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931389

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. FRANCIS A. LOMBARDO

Mailing Address 7 WAINWRIGHT RD.  
UNIT 20

City

WINCHESTER

State

MA

Zip Code

01890-2372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934799

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOSEPH LOMBARD

Mailing Address PO BOX 112

City

GLOUCESTER PT

State

VA

Zip Code

23062-0112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DENTIST

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968506

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1340 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS A. LOMBARDI

Mailing Address 4132 W FRANKLIN AVENUE

City

BURBANK

State

CA

Zip Code

91505-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE SHIELD OF CALIF.

Occupation

SENIOR ACCOUNT REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942494

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PATRICK M. LONERGAN

Mailing Address PO BOX 299

City

MENDHAM

State

NJ

Zip Code

07945-0299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959099

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DARRYL LONG

Mailing Address 27668 E KATY TRACK RD.

City

WALKER

State

MO

Zip Code

64790-9198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957229

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

701.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1341 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DARRYL LONG

Mailing Address 27668 E KATY TRACK RD.

City

WALKER

State

MO

Zip Code

64790-9198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972926

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES E. LONG

Mailing Address P.O. BOX 907

City

STARKVILLE

State

MS

Zip Code

39760-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956195

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MORRIS A. LONG

Mailing Address 4473 YACHT HARBOR DR

City

NAPLES

State

FL

Zip Code

34112-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

571.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948566

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

253.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1342 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MORRIS A. LONG

Mailing Address 4473 YACHT HARBOR DR

City

NAPLES

State

FL

Zip Code

34112-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962877

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. LONG

Mailing Address 701 SPRINGER MOUNTAIN DR

City

CANTON

State

GA

Zip Code

30114-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946783

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD E. LONGMIRE

Mailing Address 38421 BRANDYWINE AVE

City

PALM DESERT

State

CA

Zip Code

92211-1557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970063

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

431.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1343 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LARRY J. LONGSHORE

Mailing Address 13400 5TH CORPS LN

City

FREDERICKSBURG

State

VA

Zip Code

22407-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971375

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES LOONEY

Mailing Address 1118 COLLINS LN

City

FRANKFORT

State

KY

Zip Code

40601-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960370

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILLIP J. LORBETT

Mailing Address 1121 EVERETT AVE

City

OAKLAND

State

CA

Zip Code

94602-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929006

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1344 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. LORBIECKI

Mailing Address 541 E GRAND AVENUE

City

ROSHOLT

State

WI

Zip Code

54473-9537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13943049

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. LORD

Mailing Address 44 JANE RD

City

METHUEN

State

MA

Zip Code

01844-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955491

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE A. LOSEY

Mailing Address 816 COX ROAD

City

INDEPENDENCE

State

KY

Zip Code

41051-9316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952799

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1345 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. PAMELA B. LOTT**

Mailing Address **715 KISKATOM LN**

City State Zip Code  
**MANDEVILLE LA 70471-1625**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13945386

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**ALFRED LOTZ**

Mailing Address **1101 S SCHUMAKER DR. APT. 110**

City State Zip Code  
**SALISBURY MD 21804-9240**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**217.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13934293

Amount of Each Receipt this Period

**52.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JACK E. LOUDENSLAGER**

Mailing Address **15 CROCKETT DR**

City State Zip Code  
**CLYDE OH 43410-9503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13931330

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**202.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1346 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES W. LOUFEK, JR.**

Mailing Address **6600 INTERLACHEN BLVD.**

City State Zip Code  
**MINNEAPOLIS MN 55436-1006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956745

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**LEAH LOUGH**

Mailing Address **2321 N QUANTICO ST**

City State Zip Code  
**ARLINGTON VA 22205-2015**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951406

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. LESLE N. LOUGHRIDGE**

Mailing Address **13705 RICEGRASS PLACE NE**

City State Zip Code  
**ALBUQUERQUE NM 87111-8293**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2385.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956619

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1347 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. MERWIN W. LOUHI

Mailing Address 2922 E ORAIBI DR

City State Zip Code  
 PHOENIX AZ 85050-8007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952158

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. MERWIN W. LOUHI

Mailing Address 2922 E ORAIBI DR

City State Zip Code  
 PHOENIX AZ 85050-8007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13967128

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. EDWARD A. LOUIS

Mailing Address 645 N WREN AVE

City State Zip Code  
 PALATINE IL 60067-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941094

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1348 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES LOVING

Mailing Address 15 LUPINE DR

City

STAFFORD

State

VA

Zip Code

22556-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936149

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID S. LOWDERMILK, JR.

Mailing Address 707 DEVON LANE

City

WALLINGFORD

State

PA

Zip Code

19086-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957952

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH H. LOWE

Mailing Address 709 LATIMER ROAD

City

SANTA MONICA

State

CA

Zip Code

90402-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942511

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1349 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 REV. GLYN LOWERY, JR.

Mailing Address P.O. BOX 11008

City State Zip Code  
**PENSACOLA FL 32524-1008**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948359

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 RANDALL LOWRY

Mailing Address 14505 TORREY CHASE BLVD. STE.

City State Zip Code  
**HOUSTON TX 77014-1024**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNION GAS CORP

Occupation  
 OIL & GAS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2740.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971340

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. GEORGE R. LOWSON

Mailing Address 2453 LOMA VISTA STREET

City State Zip Code  
**PASADENA CA 91104-3404**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933154

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

552.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1350 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAL LOWTHER

Mailing Address 41 FISKE AVE

City

LYNN

State

MA

Zip Code

01902-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951554

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JEANNETTE S. LOZIER

Mailing Address 36 7TH. ST.

City

NEWINGTON

State

CT

Zip Code

06111-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937249

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL A. LOZZI

Mailing Address 8813 COVEY RISE CT

City

CHARLOTTE

State

NC

Zip Code

28226-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951614

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1351 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**EDWIN DUANE LUALLIN**

Mailing Address **3601 AUTUMN LN.**

City State Zip Code  
**BAYTOWN TX 77521-2704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960192

Amount of Each Receipt this Period

**115.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**RONALD W. LUBATTI**

Mailing Address **378 RIVER RD.**

City State Zip Code  
**LEBANON ME 04027-4013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933978

Amount of Each Receipt this Period

**10.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**RONALD W. LUBATTI**

Mailing Address **378 RIVER RD.**

City State Zip Code  
**LEBANON ME 04027-4013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936199

Amount of Each Receipt this Period

**10.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**135.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1352 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

RONALD W. LUBATTI

Mailing Address 378 RIVER RD.

City

LEBANON

State

ME

Zip Code

04027-4013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946041

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RONALD W. LUBATTI

Mailing Address 378 RIVER RD.

City

LEBANON

State

ME

Zip Code

04027-4013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946507

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RONALD W. LUBATTI

Mailing Address 378 RIVER RD.

City

LEBANON

State

ME

Zip Code

04027-4013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971312

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1353 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY A. LUBSEN

Mailing Address 2150 SPYGLASS HILL

City

CENTER VALLEY

State

PA

Zip Code

18034-8912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFILIASOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961229

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PRESTON L. LUCAS

Mailing Address 190 EARLY STREET

City

WELLSVILLE

State

NY

Zip Code

14895-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952756

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. LUCK

Mailing Address 1712 S 10TH ST

City

SAINT LOUIS

State

MO

Zip Code

63104-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLANNED FUTURESOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931257

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1354 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. DONALD D. LUCKETT**

Mailing Address **106 EASTDALE LN**

City State Zip Code  
**DICKSON TN 37055-2960**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13929129

Amount of Each Receipt this Period

85.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. TODD R. LUEDEKE**

Mailing Address **204 FAIRWAY**

City State Zip Code  
**WAYNE NE 68787-7112**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**NURSE/RN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941613

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**JENNIFER LUKAWSKI**

Mailing Address **503 IVY CIRCLE**

City State Zip Code  
**ALEXANDRIA VA 22302-4001**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**BGR GROUP**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13959395

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

436.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1355 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID P. LUMM

Mailing Address 250 FRANKLIN TPKE APT. 112

City

MAHWAH

State

NJ

Zip Code

07430-1855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933020

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. LUNA

Mailing Address 430 PETTYJOHN ROAD

City

KINGSPORT

State

TN

Zip Code

37664-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937414

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GRETCHEN LUNDBERG

Mailing Address 202 PINE HILL RD

City

NEW FAIRFIELD

State

CT

Zip Code

06812-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950401

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

316.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1356 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. LUNDY, JR.

Mailing Address P.O. BOX 318

City

STOWELL

State

TX

Zip Code

77661-0318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944596

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MURIEL L. LUNDY

Mailing Address 19076 NORTH 85TH LANE

City

PEORIA

State

AZ

Zip Code

85382-8712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956618

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CHAD LUNT

Mailing Address 252 E ADAM LANE

City

WASHINGTON

State

UT

Zip Code

84780-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962730

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1357 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WARNER C. LUSARDI

Mailing Address 1570 LINDA VISTA DR

City

SAN MARCOS

State

CA

Zip Code

92078-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966613

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ELGIE C. LUSE

Mailing Address 21501 W 70TH STREET

City

SHAWNEE

State

KS

Zip Code

66218-9685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963709

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN LUSK

Mailing Address 64514 MOUNT GLEN RD

City

LA GRANDE

State

OR

Zip Code

97850-5171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941778

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1358 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN LUSK

Mailing Address 64514 MOUNT GLEN RD

City

LA GRANDE

State

OR

Zip Code

97850-5171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966868

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOT J. LUTHER

Mailing Address 3903 BELLAIRE BLVD  
STE A

City

HOUSTON

State

TX

Zip Code

77025-1119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUTHER PROPERTIES

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918503

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD W. LUTNICK

Mailing Address 157 E 57TH STREET

City

NEW YORK

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CANTOR FITZGERALD

Occupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959404

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10285.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1359 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOHN W. LUTTRELL

Mailing Address 494 SHORELINE DR.

City

DECATUR

State

IL

Zip Code

62521-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939808

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD A. LUTZ

Mailing Address P.O. BOX 1467

City

ROSEVILLE

State

CA

Zip Code

95678-8467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENCO ENGINEERINGOccupation  
WENZ PART BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946886

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY G. LUTZ

Mailing Address 4318 WILDERNESS TRL.

City

PUEBLO

State

CO

Zip Code

81008-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13962888

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1360 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAY LYDA

Mailing Address 4778 GRANNY APPLE RD.

City

LAURENS

State

SC

Zip Code

29360-4776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950510

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER J. LYNCH

Mailing Address 601 SLADE RD

City

SELAH

State

WA

Zip Code

98942-9204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL GOVERNMENT

Occupation  
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961102

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. LYNCH

Mailing Address 1 SIGNAL RIDGE WAY

City

E GREENWICH

State

RI

Zip Code

02818-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DANS MANAGEMENT

Occupation  
PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939028

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1361 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. LAVERN LYNCH**

Mailing Address **752 VIA ZAMORA**

City State Zip Code  
**CAMARILLO CA 93010-9116**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13947797

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. NELLIE A. LYNCH**

Mailing Address **P.O. BOX 330045**

City State Zip Code  
**ATLANTIC BCH FL 32233-0045**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13960107

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. SANDRA T. LYNCH**

Mailing Address **14 BELL BLUFF CT**

City State Zip Code  
**GAITHERSBURG MD 20879-1115**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 2 / 2 0 1 0**

Transaction ID: SA11.13962560

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1362 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD R. LYONS**

Mailing Address **29 COLLINS CIR**

City State Zip Code  
**HANOVER PA 17331-3448**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13957685

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**RICHARD D. LYONS**

Mailing Address **608 RIO GRANDE LOOP**

City State Zip Code  
**GEORGETOWN TX 78633-4798**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940598

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HOMER E. LYTLE**

Mailing Address **4655 E DELTA AVE**

City State Zip Code  
**MESA AZ 85206-5018**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**236.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936524

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**141.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1363 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KEVIN MABIE

Mailing Address 2056 BEACON HEIGHTS DR

City

RESTON

State

VA

Zip Code

20191-4847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALADOR, INC.

Occupation

CONTRACTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931840

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BOB MAC ELHINEY

Mailing Address 144 TANAGER CIR  
STE F

City

GREER

State

SC

Zip Code

29650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACADEMY OF HAIR TECHNOLOGY

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931693

Amount of Each Receipt this Period

1010.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GRACE P. MAC KAY

Mailing Address 827 CARILLON DR UNIT 320

City

BARTLETT

State

IL

Zip Code

60103-4687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972785

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1610.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1364 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN MACARTHUR

Mailing Address 2934 S 34TH ST

City

MILWAUKEE

State

WI

Zip Code

53215-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960016

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE P. MACDONOUGH

Mailing Address 47 CHERRY HILL DR  
APT. 102

City

CONROE

State

TX

Zip Code

77304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13962500

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GORDON E. MACDONALD

Mailing Address 5413 INGLEWOOD DR

City

CORPUS CHRISTI

State

TX

Zip Code

78415-3320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952385

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

495.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1365 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL E. MACDONALD

Mailing Address 1515 WILSON BLVD STE 710

City

ARLINGTON

State

VA

Zip Code

22209-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
META ENGINEERS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947743

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS MACERO

Mailing Address 71 NORTH ST.

City

SOMERVILLE

State

MA

Zip Code

02144-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971346

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALBERT MACFARLANE

Mailing Address 203 W PEMBREY DR

City

WILMINGTON

State

DE

Zip Code

19803-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962659

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1366 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL MACHAC, JR.**

Mailing Address **718 HABHEGGER AVE.**

City State Zip Code  
**SPARTA WI 54656-1318**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**472.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: **SA11.13948864**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. BYRON C. MACHEN**

Mailing Address **6017 GREYSTONE PL**

City State Zip Code  
**MONTGOMERY AL 36117-2629**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MONTGOMERY RADIOLOGY ASSO-  
C.**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: **SA11.13962644**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERTO MACIAS**

Mailing Address **3247 LUCILE AVE**

City State Zip Code  
**CLIFTON CO 81520-7888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PNCI CONSTRUCTION**

Occupation  
**LABOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: **SA11.13949065**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1367 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DAVID A. MACK**

Mailing Address **1890 CAUSS HWY**

City State Zip Code  
**FAIRFIELD CT 06824**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965626

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. EDWARD G. MACK**

Mailing Address **1804 CREEKSIDE CT.**

City State Zip Code  
**DARIEN IL 60561-5300**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**4900.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13948183

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES EDWARD MACK**

Mailing Address **701 KIM FARM BLVD APT 203**

City State Zip Code  
**ROCKVILLE MD 20850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**295.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959752

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2850.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1368 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. KIRWIN T. MACMILLAN

Mailing Address 5 PARISH SQUARE

City

ATKINSON

State

NH

Zip Code

03811-2465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946711

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. KIRWIN T. MACMILLAN

Mailing Address 5 PARISH SQUARE

City

ATKINSON

State

NH

Zip Code

03811-2465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961689

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. MADDEN

Mailing Address 6703 DIANN ST. NE

City

OLYMPIA

State

WA

Zip Code

98516-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

821.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956704

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1369 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HENRY MADLEY

Mailing Address 3648 62ND AVE E

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6101.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934617

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HENRY MADLEY

Mailing Address 3648 62ND AVE E

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6101.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935959

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HENRY MADLEY

Mailing Address 3648 62ND AVE E

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6101.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940905

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

401.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1370 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HENRY MADLEY

Mailing Address 3648 62ND AVE E

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6101.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950384

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HENRY MADLEY

Mailing Address 3648 62ND AVE E

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6101.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956699

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HENRY MADLEY

Mailing Address 3648 62ND AVE E

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6101.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: SA11.13972032

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1371 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY A. MADLEY**

Mailing Address **3648 62ND AVE. E**

City State Zip Code  
**BRADENTON FL 34203-5429**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5720.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13935023**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY A. MADLEY**

Mailing Address **3648 62ND AVE. E**

City State Zip Code  
**BRADENTON FL 34203-5429**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5720.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID: SA11.13940906**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY A. MADLEY**

Mailing Address **3648 62ND AVE. E**

City State Zip Code  
**BRADENTON FL 34203-5429**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5720.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID: SA11.13954774**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1372 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MRS. MARY A. MADLEY

Mailing Address 3648 62ND AVE. E

City State Zip Code  
**BRADENTON FL 34203-5429**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5720.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956713

Amount of Each Receipt this Period

900.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MRS. MARY A. MADLEY

Mailing Address 3648 62ND AVE. E

City State Zip Code  
**BRADENTON FL 34203-5429**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5720.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972031

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. WAYNE A. MADSEN

Mailing Address 6820 N LEOTI AVE

City State Zip Code  
**CHICAGO IL 60646-1305**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 LANDLORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966858

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1373 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DONNA MAGGIO

Mailing Address 5368 FENNWOOD DR

City

ZACHARY

State

LA

Zip Code

70791-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951464

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAN MAGGS

Mailing Address 10603 LOCKERBIE DR

City

AUSTIN

State

TX

Zip Code

78750-4035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940220

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAN MAGGS

Mailing Address 10603 LOCKERBIE DR

City

AUSTIN

State

TX

Zip Code

78750-4035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949965

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1374 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**O V. MAGLIO**

Mailing Address **7 CHUKKA WAY**

City State Zip Code  
**FAR HILLS NJ 07931-2477**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PSYCHOTHERAPIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 08 / 2010**

**Transaction ID: SA11.13966879**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. GEORGE J. MAGOVERN**

Mailing Address **251 OLD MILL RD.**

City State Zip Code  
**PITTSBURGH PA 15238-1939**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GEORGE MAGOVERN MD**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13947814**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**COL. ROBERT B. MAGRUDER**

Mailing Address **2615 STEEPLECHASE DR**

City State Zip Code  
**RESTON VA 20191-2130**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INSTITUTION FOR DEFENSE  
 ANALYSES**

Occupation  
**ADJUNCT STAFF**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13946840**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1375 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD J. MAHALKO

Mailing Address 22293 MONTERA DR.

City

SALINAS

State

CA

Zip Code

93908-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969225

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROL A. MAHAN

Mailing Address 1696 CROWN RIDGE CT

City

WESTLAKE VILLAGE

State

CA

Zip Code

91362-4731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947691

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGER A. MAHAN

Mailing Address 2705 RUSSELL RD.

City

ALEXANDRIA

State

VA

Zip Code

22305-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962656

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1376 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. C. PAUL MAILLOUX

Mailing Address P.O. BOX 129

City

BEAR CREEK

State

PA

Zip Code

18602-0129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939783

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT MAIN

Mailing Address 3607 S 14TH ST.

City

ALEXANDRIA

State

VA

Zip Code

22302-1001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2551.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939859

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT MAIN

Mailing Address 3607 S 14TH ST.

City

ALEXANDRIA

State

VA

Zip Code

22302-1001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2551.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940818

Amount of Each Receipt this Period

615.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

636.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1377 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. MAITLAND

Mailing Address 231 FISHER DR

City

COUDERSPORT

State

PA

Zip Code

16915-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957644

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID MAJCHER

Mailing Address 4521 SWILCAN BRIDGE LN N

City

JACKSONVILLE

State

FL

Zip Code

32224-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DIRECTOR OF TECH OPERATION

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938469

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID MAJCHER

Mailing Address 4521 SWILCAN BRIDGE LN N

City

JACKSONVILLE

State

FL

Zip Code

32224-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DIRECTOR OF TECH OPERATION

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 1 0

Transaction ID: SA11.13971531

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1378 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. HISH MAJZOUB

Mailing Address 2902 MC CLELLAND BLVD # B7

City

JOPLIN

State

MO

Zip Code

64804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933019

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HISH MAJZOUB

Mailing Address 2902 MC CLELLAND BLVD # B7

City

JOPLIN

State

MO

Zip Code

64804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971342

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KAY G. MALAFIS

Mailing Address 143 80TH ST

City

BROOKLYN

State

NY

Zip Code

11209-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931677

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

326.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1379 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. STEVEN J. MALCOLM

Mailing Address 4026 SOUTH YORKTOWN PLACE

City State Zip Code  
TULSA OK 74105-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAMS ENERGY

Occupation  
PRESIDENT, CHAIRMAN, AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945239

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. LEONARD MALDONADO

Mailing Address 2731 FILLMORE AVE

City State Zip Code  
EL PASO TX 79930-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956578

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
LAVERNE MALEY

Mailing Address P.O. BOX 519

City State Zip Code  
CARLSBAD NM 88221-0519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VISION ENERGY, INC.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928924

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1380 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLAN H. MALIK

Mailing Address 29070 PEPPERGRASS AVE

City

MENIFEE

State

CA

Zip Code

92584-7207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953367

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CLAUDIA V. MALLANDER

Mailing Address 43 RIDGE STREET  
APARTMENT 511

City

GLENS FALLS

State

NY

Zip Code

12801-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940807

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CLAUDIA V. MALLANDER

Mailing Address 43 RIDGE STREET  
APARTMENT 511

City

GLENS FALLS

State

NY

Zip Code

12801-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958361

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

170.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1381 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CLAUDIA V. MALLANDER

Mailing Address 43 RIDGE STREET  
APARTMENT 511City State Zip Code  
GLENS FALLS NY 12801-3657FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966971

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. MALLETT

Mailing Address 7710 PARTRIDGE WOODS COVE

City State Zip Code  
CORDOVA TN 38016-5714FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ST JOE PAPER COMPANY

Occupation

SALES REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949870

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. MALLETT

Mailing Address 7710 PARTRIDGE WOODS COVE

City State Zip Code  
CORDOVA TN 38016-5714FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ST JOE PAPER COMPANY

Occupation

SALES REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966188

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1382 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM T. MALLISON**

Mailing Address **156 MEADOW LAKE DR**

City State Zip Code  
**HENDERSONVILLE TN 37075-5538**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**226.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949105

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. JAY P. MALMQUIST**

Mailing Address **5415 SW WESTGATE DR STE L7**

City State Zip Code  
**PORTLAND OR 97221-2409**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JAY P MALMQUIST DMD PC**

Occupation  
**SURGEON**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929756

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. LEON S. MALMUD**

Mailing Address **971 FRAZIER RD**

City State Zip Code  
**RYDAL PA 19046-2407**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TEMPLE UNIV HOSPITAL**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**415.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13942286

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**320.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1383 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GREGG MAMIKUNIAN

Mailing Address 705 N. MAPLE DRIVE

City

BEVERLY HILLS

State

CA

Zip Code

90210-3480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957945

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES G. MANDER

Mailing Address 24 WILCOX PL

City

FAIR LAWN

State

NJ

Zip Code

07410-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951349

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARRY L. MANDEL

Mailing Address 2673 PYES HARBOUR

City

WEST PALM BCH

State

FL

Zip Code

33411-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943538

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1384 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. HARRY L. MANDEL

Mailing Address 2673 PYES HARBOUR

City State Zip Code  
WEST PALM BCH FL 33411-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957135

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. HARRY L. MANDEL

Mailing Address 2673 PYES HARBOUR

City State Zip Code  
WEST PALM BCH FL 33411-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962232

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. DENNIS MANELSKI

Mailing Address ONE BRYANT PARK

City State Zip Code  
NEW YORK NY 10036-6728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA/MERRILL  
LYNCH

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951065

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2045.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1385 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. THOMAS P. MANEY

Mailing Address 535 GREENGLADE AVE

City State Zip Code  
WORTHINGTON OH 43085-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960095

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. GRACE MANGAN

Mailing Address 110 TAFT DRIVE

City State Zip Code  
BRICK NJ 08724-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950984

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. GRACE MANGAN

Mailing Address 110 TAFT DRIVE

City State Zip Code  
BRICK NJ 08724-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950991

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

132.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1386 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANNETTE MANGUM

Mailing Address 4721 CROSSWINDS DR

City

WILMINGTON

State

NC

Zip Code

28409-8940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955779

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW MANN

Mailing Address 9900 GLOUCESTER AVE

City

IOLA

State

TX

Zip Code

77861-4582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928102

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN M. MANNETTER

Mailing Address 21294 305TH STREET

City

HUBBARD

State

IA

Zip Code

50122-8611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962690

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1387 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. DUANE C. MANNINGMailing Address 650 WOODWARD ST.  
APT 328City State Zip Code  
SAN MARCOS CA 92069-6899FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952465

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ROBERT P. MANNING

Mailing Address 3307 WARWICK CT

City State Zip Code  
WYLIE TX 75098-8538FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956365

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
WILLIAM H. MANNING, JR.

Mailing Address 90 WEST FIELD CT

City State Zip Code  
GIBSONVILLE NC 27249-3341FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951436

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

185.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1388 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**LORNA M. MANSFIELD**

Mailing Address **1954 MAGNOLIA WAY**

City State Zip Code  
**WALNUT CREEK CA 94595-1715**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13957174

Amount of Each Receipt this Period

151.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**LORNA M. MANSFIELD**

Mailing Address **1954 MAGNOLIA WAY**

City State Zip Code  
**WALNUT CREEK CA 94595-1715**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13972074

Amount of Each Receipt this Period

151.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**JOSEPH MONSOUR MANSUR**

Mailing Address **6224 LYNN WAY**

City State Zip Code  
**SAINT PAUL MN 55129-8401**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954579

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

402.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1389 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN MANVEL

Mailing Address 1905 SANDS DR

City

ANNAPOLIS

State

MD

Zip Code

21409-6233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US NAVEL ACADEMYOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13929025

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GENE MAPES

Mailing Address 562 E FAIRWAY DR.

City

KILMARNOCK

State

VA

Zip Code

22482-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935200

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SID MARANTZ

Mailing Address 2131 E 51ST ST

City

VERNON

State

CA

Zip Code

90058-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934803

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1390 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DIANE R. MARBURGER

Mailing Address 1309 MARS EVANS CITY RD

City

EVANS CITY

State

PA

Zip Code

16033-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNTY OF BUTLER

Occupation

COUNTY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948155

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS ALICE J. MARCHION

Mailing Address 114 BLODGETT ST.

City

BROOKFIELD

State

VT

Zip Code

05036-9792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AADCO MEDICAL INC

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947717

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEVIN A. MARCHISIO

Mailing Address 2186 BRITTANY BLVD.

City

BRUNSWICK

State

OH

Zip Code

44212-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940760

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1391 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 PHYLLIS A. MARCHEFKA

Mailing Address 37 BARTON RD

City State Zip Code  
**GREENFIELD MA 01301-9725**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13937335**

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 PHYLLIS A. MARCHEFKA

Mailing Address 37 BARTON RD

City State Zip Code  
**GREENFIELD MA 01301-9725**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13949511**

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 DR. SIDNEY M. MARCHASIN

Mailing Address 1301 SHOREWAY RD  
 STE 100

City State Zip Code  
**BELMONT CA 94002-4110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CATHOLIC HEALTH CARE WEST

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID: SA11.13931545**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1392 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH MARCUS, SR.

Mailing Address 9787 S DEER CREEK CANYON RD

City

LITTLETON

State

CO

Zip Code

80127-9436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963297

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. MARDIS, JR.

Mailing Address 7161 PINEWOOD CT.

City

COLUMBUS

State

GA

Zip Code

31909-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936164

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CYRIL T. MAREK

Mailing Address 7530 W WELLS ST

City

MILWAUKEE

State

WI

Zip Code

53213-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRI CITY BANKOccupation  
LOAN OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13929235

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1393 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT MARESE

Mailing Address 642 10TH ST

City

BROOKLYN

State

NY

Zip Code

11215-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938551

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. MARGASON

Mailing Address 520 NE 319TH AVE

City

WASHOUGAL

State

WA

Zip Code

98671-8434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952915

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EUGENE MARGOLIS

Mailing Address 900 GREENLEY RD  
# 911

City

SONORA

State

CA

Zip Code

95370-5287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928937

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1394 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**DR. EUGENE MARGOLIS**

Mailing Address **900 GREENLEY RD**  
**# 911**

City State Zip Code  
**SONORA CA 95370-5287**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: SA11.13968515

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. RUBIN MARGULES**

Mailing Address **20 OCEAN CT.**

City State Zip Code  
**BROOKLYN NY 11223**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ARM MANAGEMENT**

Occupation  
**REAL ESTATE AGENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961790

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**DONNA M. MARIANO**

Mailing Address **63 DWYER ST**

City State Zip Code  
**BUFFALO NY 14224-1113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**328.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962562

Amount of Each Receipt this Period

**85.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**485.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1395 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GRACE E. MARINE

Mailing Address 5040 WALNUT GROVE RD

City

TANEYTOWN

State

MD

Zip Code

21787-1378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941573

Amount of Each Receipt this Period

86.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARY MARINO

Mailing Address 127 WILDCAT RD.

City

MONTICELLO

State

NY

Zip Code

12701-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SULLIVAN COUNTY

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949803

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SOLE MARITTIMI

Mailing Address 111 WOOSTER STREET 6E

City

NEW YORK

State

NY

Zip Code

10012-3849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JPMORGAN CHASE

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918844

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

371.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1396 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID D. MARKERT

Mailing Address P.O. BOX 398

City

CENTURIA

State

WI

Zip Code

54824-0398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. CROIX MEM HOSP.

Occupation

CLINICAL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936098

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID D. MARKERT

Mailing Address P.O. BOX 398

City

CENTURIA

State

WI

Zip Code

54824-0398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. CROIX MEM HOSP.

Occupation

CLINICAL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953195

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DALE GENE MARKLAND

Mailing Address 5730 W AMHERST AVE

City

DALLAS

State

TX

Zip Code

75209-4408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954462

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

380.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 1397 / 3187**  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. FRANZ J. MARKOWSKI**

Mailing Address **134 ORCHARD COURT**

City State Zip Code  
**RICHLAND WA 99352-9645**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13943691**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE MARLATT**

Mailing Address **257 BROOK ST LOWR**

City State Zip Code  
**SAUGATUCK MI 49453-9696**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENERGY**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**610.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13962535**

Amount of Each Receipt this Period

**410.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JERRY D. MARLEY**

Mailing Address **233318 N 22ND AVENUE**

City State Zip Code  
**NOKOMIS IL 62075**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13960211**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**480.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1398 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**ROBERT MARLING**

Mailing Address **1330 LAKE ROBBINS DRIVE**

City State Zip Code  
**THE WOODLANDS TX 77380-3266**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**WOODFOREST NATIONAL BANK**

Occupation  
**CHIEF EXECUTIVE OFFICER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13965103

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. ELDA MARMADUKE**

Mailing Address **7444 SPRING VILLAGE DR APT 107**

City State Zip Code  
**SPRINGFIELD VA 22150-4456**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13929906

Amount of Each Receipt this Period

1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. ELDA MARMADUKE**

Mailing Address **7444 SPRING VILLAGE DR APT 107**

City State Zip Code  
**SPRINGFIELD VA 22150-4456**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954067

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1031.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1399 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELDA MARMADUKE

Mailing Address 7444 SPRING VILLAGE DR APT 107

City

SPRINGFIELD

State

VA

Zip Code

22150-4456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969655

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY C. MAROLD

Mailing Address 5110 SAN FELIPE STREET UNIT 36

City

HOUSTON

State

TX

Zip Code

77056-3546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961885

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY MARQUES

Mailing Address 30 ANGELA DR

City

LOS ALTOS

State

CA

Zip Code

94022-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931601

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1400 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN L. MARQUARDT

Mailing Address 1320 S HOME RD

City

MANSFIELD

State

OH

Zip Code

44904-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955279

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD MARRIOTT

Mailing Address 10400 PLEASANT HILL DRIVE

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOST HOTELS & RESORTS, INC.Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13968764

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD MARRIOTT

Mailing Address 10400 PLEASANT HILL DRIVE

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOST HOTELS & RESORTS, INC.Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13968765

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1401 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. PETER MARRON

Mailing Address 30 EAST 65TH STREET

City State Zip Code  
NEW YORK NY 10065-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE ASSOCIATES,LTD

Occupation  
INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928715

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
THOMAS G. MARROW

Mailing Address P.O. BOX 1157

City State Zip Code  
BORREGO SPRINGS CA 92004-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966255

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
CHARLES W. MARSHALL

Mailing Address 1284 SHORES BLVD.

City State Zip Code  
ROCKWALL TX 75087-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948563

Amount of Each Receipt this Period

11.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1061.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1402 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DELORIS MARSHALL**

Mailing Address **1179 CEDAR ROAK DR.**

City State Zip Code  
**FOREST VA 24551-4557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**11 / 05 / 2010**

Transaction ID: SA11.13966187

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. MARIE M. MARSHALL**

Mailing Address **100 RIDGESTONE RD**

City State Zip Code  
**CHATTANOOGA TN 37411**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946649

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**PEGGY D. MARSHALL**

Mailing Address **2263 PARKERS HILL DR.**

City State Zip Code  
**MAIDENS VA 23102-2244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943110

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**175.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1403 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT C. MARSHALL

Mailing Address 2263 PARKERS HILL DR.

City

MAIDENS

State

VA

Zip Code

23102-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943397

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN N. MARSHALL

Mailing Address 107 TAROLLI DRIVE

City

SYRACUSE

State

NY

Zip Code

13209-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PODIATRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931399

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALTER D. MARSHALL

Mailing Address 4802 HICKORY GLEN DR

City

MATTHEWS

State

NC

Zip Code

28105-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946032

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1404 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MRS. PAMELA C. MARTA

Mailing Address PO BOX 577

City

SPEARFISH

State

SD

Zip Code

57783-0577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13945397

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CAROL J. MARTELLA

Mailing Address 1817 BANNISTER PL

City

MODESTO

State

CA

Zip Code

95355-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962598

Amount of Each Receipt this Period

105.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KEITH L. MARTENS

Mailing Address 2080 ILLINOIS ST

City

PROLE

State

IA

Zip Code

50229-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYOR FARM IMP.

Occupation

DRIVER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13948299

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

255.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1405 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEITH L. MARTENS

Mailing Address 2080 ILLINOIS ST

City

PROLE

State

IA

Zip Code

50229-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYOR FARM IMP.

Occupation  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959792

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLI EUGEN MARTENS

Mailing Address 400 N 17TH ST

City

KEOKUK

State

IA

Zip Code

52632-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRI STATE MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942545

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLI EUGEN MARTENS

Mailing Address 400 N 17TH ST

City

KEOKUK

State

IA

Zip Code

52632-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRI STATE MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971573

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

136.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1406 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. C. H. MARTIN

Mailing Address 45 PRESTWICK

City

ODESSA

State

TX

Zip Code

79762-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13957627

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CAROLE MARTIN

Mailing Address 29749 GLENEAGLES RD

City

PERRYSBURG

State

OH

Zip Code

43551-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931679

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARROLL H. MARTIN

Mailing Address 45 PRESTWICK

City

ODESSA

State

TX

Zip Code

79762-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940868

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1407 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CLINTON MARTIN**

Mailing Address **229 PATTON FARM RD.**

City State Zip Code  
**STUARTS DRAFT VA 24477-2610**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948682

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DALTON MARTIN**

Mailing Address **953 PIZARRO LN**

City State Zip Code  
**SAN MATEO CA 94404-2929**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**430.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13955907

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. DANIELLE S. MARTIN**

Mailing Address **2750 SUNSET WAY**

City State Zip Code  
**ERIE CO 80516-4606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HUMANA**

Occupation  
**NURSE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13918709

Amount of Each Receipt this Period

**45.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**255.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1408 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DEANNA L. MARTIN

Mailing Address PO BOX 1008

City

LUCASVILLE

State

OH

Zip Code

45648-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DONNIE MARTIN HEATING &  
COOLING

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964439

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS P. MARTIN

Mailing Address 25 FORESTWOOD DR.

City

ROMEOVILLE

State

IL

Zip Code

60446-1343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARTIN CEMENT CO

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963682

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD S. MARTIN

Mailing Address 1046 WOODBERRY ROAD

City

NEW KENSINGTON

State

PA

Zip Code

15068-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956717

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1409 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. EDWARD S. MARTIN**

Mailing Address **1046 WOODBERRY ROAD**

City State Zip Code  
**NEW KENSINGTON PA 15068-5308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**4000.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965473

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**ELIZABETH G. MARTIN**

Mailing Address **P.O. BOX 1503**

City State Zip Code  
**EAST ORLEANS MA 02643-1503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**490.00**

Date of Receipt

**11 / 18 / 2010**

Transaction ID: SA11.13969771

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. ELLEN W. MARTIN**

Mailing Address **4955 GLENBROOK RD NW**

City State Zip Code  
**WASHINGTON DC 20016-3222**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942580

Amount of Each Receipt this Period

**400.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1410 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**JAMES C. MARTIN**

Mailing Address **34 PACE MARTIN RD.**

City

**LAUREL**

State

**MS**

Zip Code

**39443-2961**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID: SA11.13954681**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)

**MRS. JEAN M. MARTIN**

Mailing Address **888 LEE ROAD 271**

City

**VALLEY**

State

**AL**

Zip Code

**36854-7213**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MILLIKEN & COMPANY**

Occupation  
**GRAPHIC DESIGNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**455.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13932893**

Amount of Each Receipt this Period

**56.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)

**JERRY MARTIN**

Mailing Address **1279 SO IRIS ST**

City

**LAKEWOOD**

State

**CO**

Zip Code

**80232-5141**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

**Transaction ID: SA11.13967190**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**131.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1411 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOAN E. MARTIN

Mailing Address 1000 LAKE SHORE DR

City

GLADSTONE

State

MI

Zip Code

49837-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REAL ESTATE BROKER

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965692

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN MARTIN

Mailing Address P.O. BOX 50190

City

CASPER

State

WY

Zip Code

82605-0190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCMURRY ENERGY COMPANY

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930706

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH L. MARTIN

Mailing Address 7299 E ELI LILLY RD

City

SYRACUSE

State

IN

Zip Code

46567-8713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938574

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1412 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARGARET MARTIN

Mailing Address 27495 HURON CIR APT 1011

City

NOVI

State

MI

Zip Code

48377-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945355

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MAUREEN MARTIN

Mailing Address 1748 VICTORIA WAY

City

SAN MARCOS

State

CA

Zip Code

92069-9401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931500

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA MARTIN

Mailing Address 803 WILLOW HILLS LANE

City

PROSPECT HEIGHTS

State

IL

Zip Code

60070-2581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918482

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1413 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBIN B. MARTIN

Mailing Address 888 17TH STREET, NW  
SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20006-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEER RIVER GROUP, LLC

Occupation

CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942976

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RUBEN E. MARTINEZ

Mailing Address 623 NEW LAREDO HWY

City

SAN ANTONIO

State

TX

Zip Code

78211-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TORTILLERIA LA GRANDE INC.

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928477

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

T. MARTINDALE

Mailing Address 1434 PUNAHOU ST.  
APT 424

City

HONOLULU

State

HI

Zip Code

96822-4713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947801

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1414 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM MARTIN

Mailing Address 905 E ESPERANZA AVE

City

MCALLEN

State

TX

Zip Code

78501-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPPER VALLEY INTERVENTION-  
AL RADIOLOGY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969317

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CARROLL MARTRIN

Mailing Address 45 PRESTWICK

City

ODESSA

State

TX

Zip Code

79762-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972030

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VINCENT L. MARVIN

Mailing Address 73997 326 AVE

City

IMPERIAL

State

NE

Zip Code

69033-3048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941932

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1415 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY K. MASAI

Mailing Address 2421 SANTA CRUZ CT

City

TORRANCE

State

CA

Zip Code

90501-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951316

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM MASH

Mailing Address 646 E MOORE ST

City

NORRISTOWN

State

PA

Zip Code

19401-5141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF PA

Occupation  
PRISON SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947816

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CHARLOTTE E. MASICA

Mailing Address 21 BALSAM LN N

City

PLYMOUTH

State

MN

Zip Code

55441-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918667

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1416 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BEN L. MASON

Mailing Address 4440 GUINEVERE LN.

City

MEMPHIS

State

TN

Zip Code

38135-6134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943766

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DAVID E. MASON

Mailing Address 3352 OCEAN DR.

City

CRP CHRISTI

State

TX

Zip Code

78411-1457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASON ENTERPRISESOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931793

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GAIL MASON

Mailing Address P.O. BOX 557

City

NAPLES

State

ME

Zip Code

04055-0557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939896

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

501.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1417 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HELEN M. MASON

Mailing Address 9629 LANGDON AVE

City

NORTH HILLS

State

CA

Zip Code

91343-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930631

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HELEN M. MASON

Mailing Address 9629 LANGDON AVE

City

NORTH HILLS

State

CA

Zip Code

91343-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935043

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HELEN M. MASON

Mailing Address 9629 LANGDON AVE

City

NORTH HILLS

State

CA

Zip Code

91343-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946915

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1418 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HELEN M. MASON

Mailing Address 9629 LANGDON AVE

City

NORTH HILLS

State

CA

Zip Code

91343-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950285

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK MASON

Mailing Address 114 CIRCLE DR

City

UNIVERSAL CITY

State

TX

Zip Code

78148-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF UNIVERSAL CITY, TE-  
XAS

Occupation  
POLICE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945295

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ALYNE Q. MASSEY

Mailing Address 4431 TYNE BLVD.

City

NASHVILLE

State

TN

Zip Code

37215-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948169

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1419 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALBERT J. MASTERSON

Mailing Address 4624 MCILROY DR

City

SAINT LOUIS

State

MO

Zip Code

63128-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938544

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL PAUL MATEY

Mailing Address 425 KREWSON TERRACE

City

WILLOW GROVE

State

PA

Zip Code

19090-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

1021.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945182

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL PAUL MATEY

Mailing Address 425 KREWSON TERRACE

City

WILLOW GROVE

State

PA

Zip Code

19090-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

1021.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951664

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1420 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARRY S. MATHESON

Mailing Address 325 3RD ST N

City

BRECKENRIDGE

State

MN

Zip Code

56520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941818

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARILYN HYDE MATHEUS

Mailing Address 1123 W KINGS LN.

City

YUMA

State

AZ

Zip Code

85365-4333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945869

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PRESTON MATHEWS

Mailing Address PO BOX F

City

FAIRFIELD

State

IL

Zip Code

62837-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAYNE COTTY PRESS

Occupation  
PUBLISHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928849

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1421 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT G. MATHENY**

Mailing Address **4370 RIVER BOTTOM DR**

City State Zip Code  
**NORCROSS GA 30092-1360**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931694**

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. KAREN MATHISON**

Mailing Address **5154 REDWILLOW LN**

City State Zip Code  
**LA CANADA CA 91011-2760**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**MARKETING DIRECTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13951466**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ALEXANDER MATINA**

Mailing Address **500 WEST 56TH ST.**

City State Zip Code  
**NEW YORK NY 10019-3509**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MFP INVESTORS, LLC**

Occupation  
**FINANCE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**364.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13932302**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**310.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1422 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. ALEXANDER MATINA

Mailing Address 500 WEST 56TH ST.

City State Zip Code  
NEW YORK NY 10019-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MFP INVESTORS, LLC

Occupation  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955927

Amount of Each Receipt this Period

39.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WALFRED MATSON

Mailing Address 20339 FRIESLAND RD

City State Zip Code  
HINCKLEY MN 55037-3782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955216

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
GERALD T. MATTHEWS

Mailing Address 210 VALLEY VW

City State Zip Code  
POMPTON PLAINS NJ 07444-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932514

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

99.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1423 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GERALD T. MATTHEWS

Mailing Address 210 VALLEY VW

City

POMPTON PLAINS

State

NJ

Zip Code

07444-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946488

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GERALD T. MATTHEWS

Mailing Address 210 VALLEY VW

City

POMPTON PLAINS

State

NJ

Zip Code

07444-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949309

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROY H. MATTHEWS

Mailing Address 103 CAPILANO LN

City

BROUSSARD

State

LA

Zip Code

70518-6110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931805

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1424 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SHAWN MATTHEWS

Mailing Address 110 EAST 59TH ST.  
4TH FLOOR

City State Zip Code  
NEW YORK NY 10022-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CANTOR FITZGERALD & CO.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959410

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SHAWN MATTHEWS

Mailing Address 110 EAST 59TH ST.  
4TH FLOOR

City State Zip Code  
NEW YORK NY 10022-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CANTOR FITZGERALD & CO.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959413

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS TRUDIE M. MATTHEWS

Mailing Address 2437 BETHEL RD

City State Zip Code  
STARKVILLE MS 39759-9654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928020

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1425 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA LEE MATTISON

Mailing Address 7406 HEINZ PLACE

City

LYNNWOOD

State

WA

Zip Code

98036-5824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957107

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROGER MATTINGLY

Mailing Address 6518 CALAIS CIR.

City

INDIANAPOLIS

State

IN

Zip Code

46220-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939655

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROGER MATTINGLY

Mailing Address 6518 CALAIS CIR.

City

INDIANAPOLIS

State

IN

Zip Code

46220-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941125

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1426 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TRACY S. MATTOS

Mailing Address 110 BAYOU PEREZ DR

City

MADISONVILLE

State

LA

Zip Code

70447-9799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OWNER

Occupation

EQUASTRIAN CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918713

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD MATZNER

Mailing Address 555 NORTH PATENCIO

City

PALM SPRINGS

State

CA

Zip Code

92262-4353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBA INDUSTRIES, INC.

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961226

Amount of Each Receipt this Period

10400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY C. MAUCH

Mailing Address 20801 S SPRINGWATER RD

City

ESTACADA

State

OR

Zip Code

97023-8604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949083

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10960.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1427 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GARY C. MAUCH**

Mailing Address **20801 S SPRINGWATER RD**

City State Zip Code  
**ESTACADA OR 97023-8604**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962698

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL P. MAUDSLEY**

Mailing Address **390 LOCH LOMOND RD**

City State Zip Code  
**RANCHO MIRAGE CA 92270-5606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INSURANCE

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13970064

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DEREK MAURER**

Mailing Address **6190 LITTLE VALLEY WAY**

City State Zip Code  
**ALEXANDRIA VA 22310-1543**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MACAULAY-BROWN, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONTRACTOR

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928427

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1428 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAROLD E. MAURER

Mailing Address 300 N RIDGE RD. UNIT 34

City

HENRICO

State

VA

Zip Code

23229-7453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963653

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGUERITE K. MAURER

Mailing Address 438 LINDMAN DR.

City

CHAMBERSBURG

State

PA

Zip Code

17202-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940770

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HILL MAURY

Mailing Address 143 KENTUCKY AVE

City

LEXINGTON

State

KY

Zip Code

40502-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
STOCK BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936740

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

126.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1429 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY H. MAUZ, JR.

Mailing Address 1608 VISCAINO RD.

City

PEBBLE BEACH

State

CA

Zip Code

93953-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952310

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS MAVES

Mailing Address 9374 AVIANO DR., #102

City

FORT MYERS

State

FL

Zip Code

33913-8289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943553

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLINTON L. MAXIM

Mailing Address 11876 HOLLYHOCK DR

City

LAKEWOOD RANCH

State

FL

Zip Code

34202-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960879

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1430 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ADDISON K. MAY**

Mailing Address **306 SAINT JAMES PARK**

City State Zip Code  
**NASHVILLE TN 37215-2447**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13973015

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. ALICE T. MAY**

Mailing Address **38 PLATT AVE**

City State Zip Code  
**SAUSALITO CA 94965-1896**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931653

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**DR. DENNIS L. MAY**

Mailing Address **11 SHEFFIELD CT.**

City State Zip Code  
**VICTOR NY 14564-8980**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949827

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**220.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1431 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH E. MAY

Mailing Address 3 LIGHT HOUSE POINT RD.

City

HUNTINGTON

State

NY

Zip Code

11743-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932515

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROL MAYER

Mailing Address 4438 N MURRAY AVE

City

MILWAUKEE

State

WI

Zip Code

53211-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST JOSEPH'S HOSPITAL

Occupation  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929403

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL MAYER

Mailing Address 4438 N MURRAY AVE

City

MILWAUKEE

State

WI

Zip Code

53211-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST JOSEPH'S HOSPITAL

Occupation  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966352

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1432 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARL M. MAYER

Mailing Address 4670 CARLTON DUNES DR UNIT 7

City

FERNANDINA

State

FL

Zip Code

32034-5589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943333

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS L. MAYER

Mailing Address 272 S 325 E

City

WARSAW

State

IN

Zip Code

46582-7264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933027

Amount of Each Receipt this Period

22.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS L. MAYER

Mailing Address 272 S 325 E

City

WARSAW

State

IN

Zip Code

46582-7264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940230

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

162.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1433 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. JULIA A. MAYER

Mailing Address 1506 N WOODLAWN AVE

City State Zip Code  
SAINT LOUIS MO 63122-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928024

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ROBERT USHER MAYFIELD

Mailing Address 11309 PICKFAIR DR

City State Zip Code  
AUSTIN TX 78750-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934661

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. JUNE J. MAYO

Mailing Address 20 SE 103RD AVE APT 512

City State Zip Code  
PORTLAND OR 97216-2873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954805

Amount of Each Receipt this Period

10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1434 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JUNE J. MAYO

Mailing Address 20 SE 103RD AVE APT 512

City

PORTLAND

State

OR

Zip Code

97216-2873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956302

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ALEX MAZO

Mailing Address 2538 MERIDIAN AVE

City

SAN JOSE

State

CA

Zip Code

95124-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967543

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MITCHELL J. MAZUREK

Mailing Address 1320 CANTIGNY COURT  
APARTMENT 97

City

CHESTERTON

State

IN

Zip Code

46304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949599

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1435 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CARMELA MAZZITELLI

Mailing Address 171 ALBANY BLVD

City

ATLANTIC BEACH

State

NY

Zip Code

11509-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONSTRUCTION CO.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942577

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS J. MC DONALD

Mailing Address 601 W. 17 RD

City

PHILLIPS

State

NE

Zip Code

68865-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966830

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. FRANCES M. MC DONALD

Mailing Address 757 4TH AVE S

City

CLINTON

State

IA

Zip Code

52732-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952848

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1436 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. GRAHAM B. MC DONALD

Mailing Address 203 CASTLEWAY STREET

City State Zip Code  
VICTORIA TX 77904-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952710

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. KEN MC DONALD

Mailing Address 261 W TROY ST.

City State Zip Code  
SAINT PARIS OH 43072-9212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREEN CAMP BAPTIST CHURCH

Occupation  
PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965264

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. LYDIA MC DONALD

Mailing Address 917 E MAIN ST.

City State Zip Code  
WARSAW IN 46580-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943241

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

230.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1437 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. LYDIA MC DONALD**

Mailing Address **917 E MAIN ST.**

City State Zip Code  
**WARSAW IN 46580-3442**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956335

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MARTIN MC DONALD**

Mailing Address **3606 DOROTHY LN**

City State Zip Code  
**FORT WORTH TX 76107-1702**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965688

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. PEGGY MC DONALD**

Mailing Address **1110 E BAKERVIEW RD**

City State Zip Code  
**BELLINGHAM WA 98226-9144**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13947570

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**405.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1438 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STAN MC DONALD

Mailing Address 4851 WHITESBURG DR SE

City

HUNTSVILLE

State

AL

Zip Code

35802-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCDONALD & ASSOCOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11.13967811

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. RONALD O. MCAFEE

Mailing Address 1612 SARATOGA WAY

City

EDMOND

State

OK

Zip Code

73003-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939765

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELIZABETH MCAFOOSE

Mailing Address 11512 HENEGAN PL

City

SPOTSYLVANIA

State

VA

Zip Code

22551-4655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963768

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

525.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1439 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA S. MCALEER

Mailing Address 100 WINEBERRY DR

City

WINCHESTER

State

VA

Zip Code

22603-4251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930230

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GLENN H. MCALEXANDER

Mailing Address 800 REPUBLICAN CHURCH RD.

City

FERRUM

State

VA

Zip Code

24088-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936707

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH MCALISTER

Mailing Address 17580 RANDALLS FERRY ROAD

City

NORWOOD

State

NC

Zip Code

28128-7461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949305

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

103.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1440 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ZOLA E. MCALLISTER

Mailing Address 101 LARKSPUR DR

City

HUNTINGTON

State

WV

Zip Code

25705-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935933

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NOVELLA MCARTHY

Mailing Address 5892 LOS AMIGOS ST.

City

BUENA PARK

State

CA

Zip Code

90620-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946961

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NOVELLA MCARTHY

Mailing Address 5892 LOS AMIGOS ST.

City

BUENA PARK

State

CA

Zip Code

90620-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946963

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

81.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1441 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PAULINE M. MCARTHUR

Mailing Address 579 N SUPERIOR AVE

City

DECATUR

State

GA

Zip Code

30033-5401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955835

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOE MCBRIDE

Mailing Address 6202 SHOAL CREEK DR. W

City

AUSTIN

State

TX

Zip Code

78757-4315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MYLINDES

Occupation  
RET SPTG GOUDS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948337

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL MCCABE

Mailing Address 239 WEST TRAIL

City

STAMFORD

State

CT

Zip Code

06903-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931809

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1442 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. LINDA MCCALLISTER**

Mailing Address **315 E MALLOW RD**

City State Zip Code  
**COVINGTON VA 24426-2414**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931673

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ANNA JENNIFER MCCANN**

Mailing Address **8 AGAWAM AVE**

City State Zip Code  
**OLD SAYBROOK CT 06475-3102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

COMMERCIAL RE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13959755

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. BILL MCCANCE**

Mailing Address **11160 N DESERT VIEW LN**

City State Zip Code  
**FLAGSTAFF AZ 86004-1790**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**910.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13950476

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1443 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN MCCANDLESS

Mailing Address 58 W RIVER DR

City

BEAUFORT

State

SC

Zip Code

29907-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971278

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KERRY MCCAN

Mailing Address P.O. BOX 146

City

VICTORIA

State

TX

Zip Code

77902-0146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940679

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. MCCARTNEY, JR.

Mailing Address 3316 CRAWLEY ROAD

City

SHELBY

State

NC

Zip Code

28150-9569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951964

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

351.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1444 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

E H. MCCARTER

Mailing Address 3237 WOLSTENHOLME DR

City

MEMPHIS

State

TN

Zip Code

38133-4157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947116

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDY H. MCCARTY

Mailing Address 8151 HEMINGWAY AVE

City

SAN DIEGO

State

CA

Zip Code

92120-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940711

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL MCCARTHY

Mailing Address 10210 SE 239TH. ST. APT. 15  
APT 15

City

KENT

State

WA

Zip Code

98031-3379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935777

Amount of Each Receipt this Period

95.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1445 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID MCCHESENEY

Mailing Address PO BOX 1340

City

TOMBALL

State

TX

Zip Code

77377-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958237

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE J. MCCHESENEY

Mailing Address 27070 KINDLEWOOD LANE

City

BONITA SPRINGS

State

FL

Zip Code

34134-4369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969278

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELMER W. MCCLAVE, JR.

Mailing Address P.O. BOX 352

City

UHRICHSVILLE

State

OH

Zip Code

44683-0352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUPERIOR CLAY CORP

Occupation  
V PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954753

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1446 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LILLIAN R. MCCLEARY

Mailing Address 17450 BLUE JAY DR

City

MORGAN HILL

State

CA

Zip Code

95037-6405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928702

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RITA MCCLEES

Mailing Address 33 IVY CHASE NE

City

ATLANTA

State

GA

Zip Code

30342-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955098

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY P. MCCLURE

Mailing Address 5363 N CASCABEL RD

City

BENSON

State

AZ

Zip Code

85602-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936633

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1447 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. EDDIE DALE MCCLURE

Mailing Address 5368 KENNESAW DR

City State Zip Code  
BATON ROUGE LA 70817-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLASSES UNLIMITED INC

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931929

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. MICHAEL E. MCCLURKEN

Mailing Address 26 DEER MEADOW RD

City State Zip Code  
DURHAM NH 03824-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971584

Amount of Each Receipt this Period

210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. THOMAS MCCLURE

Mailing Address 1120 WINNIE WAY

City State Zip Code  
LATROBE PA 15650-9080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931549

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

510.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1448 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUDITH MCCOLLUM

Mailing Address 1829 PARKVIEW CT NW

City

KENNESAW

State

GA

Zip Code

30152-4775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932590

Amount of Each Receipt this Period

114.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN N. MCCONNELL

Mailing Address 815 SAINT ANNES LN.

City

VERO BEACH

State

FL

Zip Code

32967-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941117

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN N. MCCONNELL

Mailing Address 815 SAINT ANNES LN.

City

VERO BEACH

State

FL

Zip Code

32967-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949244

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

214.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1449 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARB MCCORMICK

Mailing Address 8012 CHRIS CT

City

GRANITE BAY

State

CA

Zip Code

95746-9589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964513

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TERETHA A. MCCORMICK

Mailing Address 4595 CLIPPER BAY RD

City

DULUTH

State

GA

Zip Code

30096-6211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938702

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH W. MCCOY

Mailing Address 6 SPRINGLEIGH DR

City

STAUNTON

State

VA

Zip Code

24401-5741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943530

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1450 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
RICHARD B. MCCOY

Mailing Address 4108 S. TENFEL LANE

City	State	Zip Code
SPOKANE	WA	99223-6174

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13943021

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MARK MCCREARY

Mailing Address 18244 ARCHES CT.

City	State	Zip Code
FOUNTAIN VLY	CA	92708-6802

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
XXXXXXXXXXXXXXXXXXXXOccupation  
XXXXXXXXXXXXXXXXXXXX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Transaction ID: SA11.13960701

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. RICHARD E. MCCREADY

Mailing Address 100 WORTH AVE PH 10

City	State	Zip Code
PALM BEACH	FL	33480-4717

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13964736

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

256.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1451 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. SHELBY MCCRIMMON**

Mailing Address **201 GELSEMIUM PL**

City State Zip Code  
**GREENVILLE SC 29615-5458**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935241

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. TODD S. MCCUAIG**

Mailing Address **30 HASTINGS LN**

City State Zip Code  
**CHAGRIN FALLS OH 44022-3246**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
**INVESTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951503

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. CECIL K. MCCULLOUGH**

Mailing Address **1641 CHERRY CREEK DR**

City State Zip Code  
**WOODWAY TX 76712-2201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951576

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**485.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1452 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**JAMES MCCULLEY**

Mailing Address **4308 CLOVERDALE EST.**

City State Zip Code  
**NORTHPORT AL 35473-1848**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13957211

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**JAMES D. MCCULLEY**

Mailing Address **935 WOODWINDS DR.**

City State Zip Code  
**COOKEVILLE TN 38501-4082**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13966589

Amount of Each Receipt this Period

76.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. BARRON P. MCCUNE, JR.**

Mailing Address **90 W CHESTNUT ST STE 100**

City State Zip Code  
**WASHINGTON PA 15301-4524**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936877

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

636.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1453 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HELEN MCCUNE

Mailing Address 4920 N JEFFERSON ST. APT. 3

City

PULASKI

State

NY

Zip Code

13142-4128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939283

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HELEN MCCUNE

Mailing Address 4920 N JEFFERSON ST. APT. 3

City

PULASKI

State

NY

Zip Code

13142-4128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972947

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY MCCUNE

Mailing Address 2304 N. ROOSEVELT STREET

City

ARLINGTON

State

VA

Zip Code

22205-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTEGRATED WAVE TECHNOLOG-  
IES, INC.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928707

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1454 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANNE MCDONNELL

Mailing Address 3376 COLLINS CREEK DR

City

MURRELLS INLET

State

SC

Zip Code

29576-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947778

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES C. MCDONALD

Mailing Address 263 PEA RIDGE ARENA RD.

City

DUBACH

State

LA

Zip Code

71235-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BELL SOUTH TELE-COMMUNICA-  
TION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FACILITY TECHNICIAN

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964430

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD H. MCDONNELL

Mailing Address 7626 CALLAGHAN ROAD  
APT 406

City

SAN ANTONIO

State

TX

Zip Code

78229-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954475

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1455 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. CHAD T. MCDOUGALL

Mailing Address 14909 LAURIN LANE

City

OKLAHOMA CITY

State

OK

Zip Code

73142-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JMA ENERGY COMPANY, LLC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945245

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JEFFREY J. MCDOUGALL

Mailing Address 1021 NW GRAND BOULEVARD

City

OKLAHOMA CITY

State

OK

Zip Code

73118-6039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JMA ENERGY COMPANY

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945246

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. PAMELA L. MCDOWELL

Mailing Address 400 N PARKE ST.

City

TUSCOLA

State

IL

Zip Code

61953-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUSCOLA STONE COMPANY

Occupation

QC/QA MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933946

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

7540.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1456 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. MCDOWELL

Mailing Address 1009 CHESTNUT STREET

City

HALSTEAD

State

KS

Zip Code

67056-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCDOWELL ELECTRIC

Occupation

ELECTRICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969332

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH W. MCDUFFIE

Mailing Address 105 WEST DEL MONTE AVENUE

City

CLEWISTON

State

FL

Zip Code

33440-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13942500

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JUDY MCELFRESH

Mailing Address 3461 RAMSTAD DR.

City

SAN JOSE

State

CA

Zip Code

95127-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13965105

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1457 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES MCELHANEY

Mailing Address 3411 CAMBRIDGE RD

City

DURHAM

State

NC

Zip Code

27707-4507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUKE UNIVERSITY

Occupation

PROFESSOR EMERITUS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928706

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN O. MCELHANEY

Mailing Address 30578 MIDDLE CREEK CIR

City

DAPHNE

State

AL

Zip Code

36527-5686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948985

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR H. MCELROY, II

Mailing Address 1964 EAST 45 PLACE

City

TULSA

State

OK

Zip Code

74105-4217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCELROY MFG. INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942980

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1458 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES MCELWEE

Mailing Address 102 JACKSON STREET

City

LOUISVILLE

State

MS

Zip Code

39339-9287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF MISSISSIPPI

Occupation

RIGHT OF WAY AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918612

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CARTER H. MCENTIRE

Mailing Address 435 N KINGS GRANT DR

City

COLUMBIA

State

SC

Zip Code

29209-0840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCENTIRE PRODUCE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955950

Amount of Each Receipt this Period

-250.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. MCFARLAND

Mailing Address 8191 130TH AVE SE

City

GWINNER

State

ND

Zip Code

58040-9772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949969

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

-100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1459 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. MCFARLAND

Mailing Address 8191 130TH AVE SE

City

GWINNER

State

ND

Zip Code

58040-9772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966865

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GORGE C. MCFARLAND

Mailing Address 100 GRAYS LANE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964739

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL N. MCGAUGH

Mailing Address 6100 CHANDLER DR.

City

BATON ROUGE

State

LA

Zip Code

70808-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AB&B ENGINEERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962613

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

251.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1460 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**SARAH MCGAUGHY**

Mailing Address **401 EAST ST, NE**

City State Zip Code  
**VIENNA VA 22180-3577**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13955773

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. JANET D. MCGEE**

Mailing Address **18607 E HIERRO CIR**

City State Zip Code  
**RIO VERDE AZ 85263-5096**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**530.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931624

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**CAROL MCGHEE**

Mailing Address **600 ELLIOTT DR.**

City State Zip Code  
**PASADENA CA 91106-4431**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960085

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1310.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1461 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDMOND P. MCGINTY

Mailing Address 179 SOMERSET ROSE LN

City

SUGAR HILL

State

GA

Zip Code

30518-7713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943137

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EDWARD T. MCGONIGAL

Mailing Address 601 N 30TH ST

City

OMAHA

State

NE

Zip Code

68131-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREIGHTON UNIVERSITY

Occupation

PHYSICIAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961666

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH P. MCGOVERN

Mailing Address 5074 CARDUCCI DR.

City

PLEASANTON

State

CA

Zip Code

94588-6011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939231

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1462 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH P. MCGOVERN**

Mailing Address **5074 CARDUCCI DR.**

City State Zip Code  
**PLEASANTON CA 94588-6011**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956167

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. HAROLD E. MCGOWEN**

Mailing Address **3657 WOODS BLVD**

City State Zip Code  
**TYLER TX 75707-1663**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**NAVIDAD RESOURCES, LLC**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 1 / 2 0 1 0**

Transaction ID: SA11.13962477

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. TOMMIE MCGOWIN**

Mailing Address **1306 N ALABAMA**

City State Zip Code  
**OKMULGEE OK 74447-7019**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13944092

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1463 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. TOMMIE MCGOWIN

Mailing Address 1306 N ALABAMA

City

OKMULGEE

State

OK

Zip Code

74447-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946562

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. TOMMIE MCGOWIN

Mailing Address 1306 N ALABAMA

City

OKMULGEE

State

OK

Zip Code

74447-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956432

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. TOMMIE MCGOWIN

Mailing Address 1306 N ALABAMA

City

OKMULGEE

State

OK

Zip Code

74447-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956995

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1464 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. TOMMIE MCGOWIN**

Mailing Address **1306 N ALABAMA**

City State Zip Code  
**OKMULGEE OK 74447-7019**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**546.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972847

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**JOHN D. MCGREW**

Mailing Address **503 LAWTON RD.**

City State Zip Code  
**MARIETTA OH 45750-1121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962522

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**GEORGE MCGUIRE, JR.**

Mailing Address **540 HIGH POINT LN. NE**

City State Zip Code  
**ATLANTA GA 30342-2753**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949283

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**210.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1465 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN DUNCAN MCINTYRE

Mailing Address 333 LEE DR. APT. G16

City

BATON ROUGE

State

LA

Zip Code

70808-4986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STANOCOLA MEDICAL CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934291

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOGAN R. MCINTYRE

Mailing Address 701 OAKHURST DR.

City

BASTROP

State

LA

Zip Code

71220-5245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EAGLES NEST FARM CO.

Occupation

FARMER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963556

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. YVONNE O. MCIRAVY

Mailing Address 505 RICHARD AVENUE

City

LANSING

State

MI

Zip Code

48917-2749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931089

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

238.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1466 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. YVONNE O. MCIRAVY

Mailing Address 505 RICHARD AVENUE

City

LANSING

State

MI

Zip Code

48917-2749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13967618

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALBAN T. MCISAAC

Mailing Address 6800 FLEETWOOD RD. APT. 1104

City

MC LEAN

State

VA

Zip Code

22101-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932301

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALBAN T. MCISAAC

Mailing Address 6800 FLEETWOOD RD. APT. 1104

City

MC LEAN

State

VA

Zip Code

22101-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942952

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1467 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. ALBAN T. MCISAAC

Mailing Address **6800 FLEETWOOD RD. APT. 1104**

City State Zip Code  
**MC LEAN VA 22101-3610**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955925

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. JOHN MCKEAN

Mailing Address **12844 STATE HIGHWAY 198**

City State Zip Code  
**MABANK TX 75156-5427**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 TEXAS HYDROSPORTS

Occupation  
 PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963672

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. CHRIS MCKEE

Mailing Address **9529 GLYNDOWNING DRIVE**

City State Zip Code  
**COLLEGE DALE TN 37363**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MCKEE FOODS

Occupation  
 SALES AND MARKETING EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962848

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5075.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1468 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK MCKEE

Mailing Address 9530 GLYNN DOWNING DRIVE

City

OOLTEWAH

State

TN

Zip Code

37363-8141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13932339

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL MCKEE

Mailing Address P.O. BOX 1144

City

COLLEGEDALE

State

TN

Zip Code

37315-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCKEE FOODS CORPORATIONOccupation  
EVP MANUFACTURING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13961216

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HERBERT L. MCKELVEY

Mailing Address 5407 EPPING LN.

City

ZEPHYRHILLS

State

FL

Zip Code

33541-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944684

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

20250.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1469 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MIREILLE G. MCKELL

Mailing Address 166 W SECOND ST

City

CHILLICOTHE

State

OH

Zip Code

45601-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931656

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BARBARA M. MCKENZIE

Mailing Address 705 NORGate ROAD

City

KNOXVILLE

State

TN

Zip Code

37919-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931355

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BARBARA M. MCKENZIE

Mailing Address 705 NORGate ROAD

City

KNOXVILLE

State

TN

Zip Code

37919-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13962201

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1470 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DAVID M. MCKENNEY**

Mailing Address **5026 GREENPINE DR NE**

City State Zip Code  
**ATLANTA GA 30342-2402**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13944126

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**HUBERT G. MCKENNA**

Mailing Address **51 READ RD.**

City State Zip Code  
**RED HOOK NY 12571-2226**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13959447

Amount of Each Receipt this Period

**85.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. NANCY L. MCKENZIE**

Mailing Address **4775 PITTSBURG RD**

City State Zip Code  
**OWOSSO MI 48867-9252**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**295.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13943447

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**116.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1471 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY L. MCKENZIE

Mailing Address 4775 PITTSBURG RD

City

OWOSSO

State

MI

Zip Code

48867-9252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969481

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RONALD MCKENNA

Mailing Address 5770 HARBORAGE DR

City

FT MYERS

State

FL

Zip Code

33908-4548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945648

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. MCKEON

Mailing Address 350 POND LN.

City

HEWLETT

State

NY

Zip Code

11557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960171

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1472 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LYDIA MCKIBBEN

Mailing Address 2630 HEMINGWAY DRIVE

City

ARLINGTON

State

TX

Zip Code

76006-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930305

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELLEN R. MCKINNON

Mailing Address 234 27TH AVE S

City

GRAND FORKS

State

ND

Zip Code

58201-7536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941610

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES MCKISSICK

Mailing Address 4107 FAIRWAY DOWNS CT

City

CHARLOTTE

State

NC

Zip Code

28277-8603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INSTRALIGHT

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957967

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

551.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1473 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. MCKISSICK

Mailing Address 2414 CARAVEL LN

City

KNOXVILLE

State

TN

Zip Code

37922-6174

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942537

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW G. MCKITTRICK

Mailing Address 676 TRIUNFO CANYON RD

City

WESTLAKE VILLAGE

State

CA

Zip Code

91361-2055

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ADVERTISING AND MARKETING

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957730

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JAMES H. MCKNIGHT

Mailing Address 11909 MILLWRIGHT PKWY.

City

AUSTIN

State

TX

Zip Code

78750-1614

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956218

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

405.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1474 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELBERT MCLAIN

Mailing Address 2034 ATLAS PEAK RD

City

NAPA

State

CA

Zip Code

94558-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928835

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOSEPHINE H. MCLAIN

Mailing Address 936 VIA LIDO NORD

City

NEWPORT BEACH

State

CA

Zip Code

92663-5527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938568

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN MCLAREN

Mailing Address 9 COUNTRY CLUB LN

City

SHENANDOAH

State

IA

Zip Code

51601-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957563

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1475 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LILLIAN MCLEAN

Mailing Address 4400 MCHUGH RD APT 402

City

ZACHARY

State

LA

Zip Code

70791-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13972326

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DIANE MCLELLAN

Mailing Address 9829 ANDREWS AVE

City

ALLEN PARK

State

MI

Zip Code

48101-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DENTIST

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949773

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BOBBIE C. MCLEOD

Mailing Address 1237 WEDGEWOOD DR

City

WINSTON SALEM

State

NC

Zip Code

27103-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946796

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

141.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1476 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MARSHA MCLEOD**

Mailing Address **2918 GOLDEN TRAILS ST.**

City State Zip Code  
**ONTARIO CA 91761-9122**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CVUSD**

Occupation  
**TRACKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**266.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID: SA11.13929942**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MARSHA MCLEOD**

Mailing Address **2918 GOLDEN TRAILS ST.**

City State Zip Code  
**ONTARIO CA 91761-9122**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CVUSD**

Occupation  
**TRACKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**266.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID: SA11.13930686**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MARSHA MCLEOD**

Mailing Address **2918 GOLDEN TRAILS ST.**

City State Zip Code  
**ONTARIO CA 91761-9122**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CVUSD**

Occupation  
**TRACKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**266.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13937028**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**66.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1477 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DAN MCMAHON**

Mailing Address **9413 KADER COURT**

City State Zip Code  
**PLATTSMOUTH NE 68048-4760**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**560.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931822

Amount of Each Receipt this Period

**105.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH D. MCMAHAN, JR.**

Mailing Address **2804 MIDSUMMER DRIVE**

City State Zip Code  
**WINDERMERE FL 34786-8321**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**223.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930027

Amount of Each Receipt this Period

**45.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**ROSA MCMANUS-SPRAGUE**

Mailing Address **3649 APPOMATOX DR**

City State Zip Code  
**AMELIA OH 45102-1660**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941950

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**180.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1478 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALVIN E. MCMILLAN

Mailing Address 15592 N. MISTY LANE

City

EFFINGHAM

State

IL

Zip Code

62401-7720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936593

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALVIN E. MCMILLAN

Mailing Address 15592 N. MISTY LANE

City

EFFINGHAM

State

IL

Zip Code

62401-7720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939358

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. GRACE M. MCMILLAN

Mailing Address 178 BECKY LN

City

MOUNT AIRY

State

NC

Zip Code

27030-7780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947836

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

76.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1479 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**J W. MCMILLEN**

Mailing Address **BOX 134 MEADOW BRIDGE**

City State Zip Code  
**MEADOW BRIDGE WV 25976**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954979

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MICHAEL D. MCMILLAN**

Mailing Address **15321 COUNTY FARM RD**

City State Zip Code  
**GULFPORT MS 39503-8220**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**HARRISON COUNTY**

Occupation  
**PARK DIRECTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13969689

Amount of Each Receipt this Period

55.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**K MCMULLEN**

Mailing Address **6561 STORM CAT LN**

City State Zip Code  
**BURLESON TX 76028-7955**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13931230

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1480 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. IAN F. MCMURCHIE

Mailing Address 2425 SAGE ROAD

City

HOUSTON

State

TX

Zip Code

77056-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHEVRON

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951530

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LYNELLE MCNALLY

Mailing Address 843 S RACINE

City

MESA

State

AZ

Zip Code

85206-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940727

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LYNELLE MCNALLY

Mailing Address 843 S RACINE

City

MESA

State

AZ

Zip Code

85206-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948827

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1481 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. MCNATTY

Mailing Address 24352 PARKSIDE DR E

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D.R. MCNATTY & ASSOC., IN-  
C.

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929750

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

H. D. MCNEE

Mailing Address P.O. BOX 2028

City

SUN VALLEY

State

ID

Zip Code

83353-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962923

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BRIAN MCNEILL

Mailing Address 4065 SOUTH FOUR MILE RUN DRIVE

City

ARLINGTON

State

VA

Zip Code

22204-5608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EDELMAN

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13957614

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1482 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS L. MCNERNEY**

Mailing Address **9115 OAK VALLEY RD**

City State Zip Code  
**HOLLAND OH 43528-9217**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928985

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. GLADYS P. MCNIGHT**

Mailing Address **178 COUNTY ROAD 4491**

City State Zip Code  
**CLARKSVILLE AR 72830-6369**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**222.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: SA11.13969378

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JOANNA MCPARTLIN**

Mailing Address **5250 HORIZON DR**

City State Zip Code  
**MALIBU CA 90265-3736**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**305.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938500

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**170.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1483 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BETTY MCPHEETERS

Mailing Address 23998 S MCPHEETERS RD.

City

GOTHENBURG

State

NE

Zip Code

69138-9351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961310

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH W. MCRAE

Mailing Address 105 GROUSE RD.

City

SUMMERVILLE

State

SC

Zip Code

29485-5106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933183

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARMEN MCREYNOLDS

Mailing Address 4576 KILARNEY CIR.

City

SANTA ROSA

State

CA

Zip Code

95403-0109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964822

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

801.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1484 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**CARMEN MCREYNOLDS**

Mailing Address **4576 KILARNEY CIR.**

City State Zip Code  
**SANTA ROSA CA 95403-0109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2400.00**

Date of Receipt

**11 / 16 / 2010**

**Transaction ID: SA11.13969208**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WALLACE W. MCTAGGART**

Mailing Address **320 E STATE RD. 100**

City State Zip Code  
**SAN MATEO FL 32187-2361**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**204.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13934449**

Amount of Each Receipt this Period

**3.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES MCVANEY**

Mailing Address **1521 N GREENBRIER ST**

City State Zip Code  
**ARLINGTON VA 22205-3625**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RENTECH INC**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**575.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13938552**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1253.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1485 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. REBECCA A. MCVEY

Mailing Address 3 HONEYSUCKLE LN

City

COVINGTON

State

LA

Zip Code

70433-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965318

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWIN MEADE, JR.

Mailing Address 1500 WESTBROOK CT. APT. 3144

City

RICHMOND

State

VA

Zip Code

23227-3373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946380

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARILYN R. MEADOWS

Mailing Address 10077 212TH RD

City

WINFIELD

State

KS

Zip Code

67156-7202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938359

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1486 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK MEANOR

Mailing Address 16398 HAWLEY RD.

City

OBERLIN

State

OH

Zip Code

44074-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931888

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUZANNE E. MEARS

Mailing Address 2624 21ST. ST. NW

City

CANTON

State

OH

Zip Code

44708-2579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932933

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HENRY C. MEEKER

Mailing Address 4800 WILFORD WAY

City

EDINA

State

MN

Zip Code

55435-1563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957189

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

261.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1487 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. SUE B. MEEKINS**

Mailing Address **3800 LINDA LANE**

City State Zip Code  
**ANNANDALE VA 22003-1512**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13944779

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. FAYE MEEKS**

Mailing Address **541 GLAZE CREEK RD**

City State Zip Code  
**BESSEMER AL 35023-7263**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13932132

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DWAIN MEES**

Mailing Address **830 WOODHAVEN LN**

City State Zip Code  
**GARLAND TX 75040-3617**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13964457

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**135.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1488 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANN B. MEGOWN

Mailing Address P.O. BOX 424

City

PINE BLUFFS

State

WY

Zip Code

82082-0424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942048

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CATHERINE MEHLER

Mailing Address 18548 CUTLASS DR.

City

FT MYERS BCH

State

FL

Zip Code

33931-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943327

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANEASE MEIER

Mailing Address 4217 RIVER BND.

City

SAN ANGELO

State

TX

Zip Code

76903-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEIER BUSINESS SYSTEMS,  
INC.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929032

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1489 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANEASE MEIER

Mailing Address 4217 RIVER BND.

City

SAN ANGELO

State

TX

Zip Code

76903-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEIER BUSINESS SYSTEMS,  
INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933095

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANEASE MEIER

Mailing Address 4217 RIVER BND.

City

SAN ANGELO

State

TX

Zip Code

76903-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEIER BUSINESS SYSTEMS,  
INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949096

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM MEIER, III

Mailing Address 5838 JOYCE WAY

City

DALLAS

State

TX

Zip Code

75225-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958553

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

326.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1490 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES MEINKE

Mailing Address 2147 N WEST TORCH LAKE DR

City

KEWADIN

State

MI

Zip Code

49648-9064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931875

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. MEISELMAN

Mailing Address 2346 CENTREVILLE RD.

City

HERNDON

State

VA

Zip Code

20171-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928984

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN W. MEISEL

Mailing Address 665 SICKLE ST

City

PLATTEVILLE

State

WI

Zip Code

53818-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932170

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1491 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN W. MEISEL

Mailing Address 665 SICKLE ST

City

PLATTEVILLE

State

WI

Zip Code

53818-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13962109

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN W. MEISEL

Mailing Address 665 SICKLE ST

City

PLATTEVILLE

State

WI

Zip Code

53818-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969558

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BARBARA J. MEISSENBURG

Mailing Address 3631 N NEARGLEN AVE

City

COVINA

State

CA

Zip Code

91724-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930839

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

61.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1492 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MANUEL MEJIA

Mailing Address 302 WALNUT COURT WAY

City

KENNETT SQUARE

State

PA

Zip Code

19348-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946752

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MANUEL MEJIA

Mailing Address 302 WALNUT COURT WAY

City

KENNETT SQUARE

State

PA

Zip Code

19348-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958580

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MANUEL MEJIA

Mailing Address 302 WALNUT COURT WAY

City

KENNETT SQUARE

State

PA

Zip Code

19348-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958927

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

76.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1493 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MANUEL MEJIA

Mailing Address 302 WALNUT COURT WAY

City

KENNETT SQUARE

State

PA

Zip Code

19348-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968447

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CURTIS L. MELBERG

Mailing Address 8956 HUNTERS CIR

City

WOODBURY

State

MN

Zip Code

55125-9184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958968

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD MELENDEZ

Mailing Address 8800 SOMERSET BLVD

City

PARAMOUNT

State

CA

Zip Code

90723-4659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EHAFM

Occupation  
ENG MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931938

Amount of Each Receipt this Period

230.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1494 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ENERIO MELIS

Mailing Address 1108 SKYTOP CIR

City

CHARLESTON

State

WV

Zip Code

25314-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948177

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PETER MELLEY

Mailing Address 48458 264TH ST

City

VALLEY SPRINGS

State

SD

Zip Code

57068-7313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSAI

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956734

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MERLE M. MELTON

Mailing Address 2668 170TH. ST.

City

SIDNEY

State

IA

Zip Code

51652-4021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941000

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1065.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1495 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. MELTZER

Mailing Address 14 EDGECOMB RD

City

BINGHAMTON

State

NY

Zip Code

13905-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1157.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965256

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER C. MELZER

Mailing Address 156 PROSPECT PARK W APT. 1L

City

BROOKLYN

State

NY

Zip Code

11215-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EQUITABLE MANAGMNT CORP

Occupation

REAL ESTATE MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941440

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGER C. MELZER

Mailing Address 156 PROSPECT PARK W APT. 1L

City

BROOKLYN

State

NY

Zip Code

11215-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EQUITABLE MANAGMNT CORP

Occupation

REAL ESTATE MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972872

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1496 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FATHER JOSEPH MENDES

Mailing Address 113 GLOSTER ROAD NW

City

LAWRENCEVILLE

State

GA

Zip Code

30044-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PAROCHIAL VICAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13958654

Amount of Each Receipt this Period

145.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FATHER JOSEPH MENDES

Mailing Address 113 GLOSTER RD. NW

City

LAWRENCEVILLE

State

GA

Zip Code

30044-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PAROCHIAL VICAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963393

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FATHER JOSEPH MENDES

Mailing Address 113 GLOSTER RD. NW

City

LAWRENCEVILLE

State

GA

Zip Code

30044-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PAROCHIAL VICAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13964056

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

197.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1497 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK MENEZES

Mailing Address 4630 HOLBORN AVENUE

City

ANNANDALE

State

VA

Zip Code

22003-4554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUNTON & WILLIAMS LLPOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13957905

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LARRY B. MENKE

Mailing Address 107 LAKEVIEW RD

City

WEST POINT

State

IA

Zip Code

52656-9506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13955906

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KAREN MENNICK

Mailing Address P.O. BOX 809

City

HOMEWOOD

State

CA

Zip Code

96141-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941605

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1261.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1498 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R MERCER

Mailing Address 11 BERKSHIRE

City

TRABUCO CANYON

State

CA

Zip Code

92679-3415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13972103

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR LORRAINE MERCK

Mailing Address 1804 5TH. AVE NW APT. 211  
APARTMENT 211

City

WAVERLY

State

IA

Zip Code

50677-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935349

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR LORRAINE MERCK

Mailing Address 1804 5TH. AVE NW APT. 211  
APARTMENT 211

City

WAVERLY

State

IA

Zip Code

50677-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963365

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1499 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NELDA F. MERCK

Mailing Address 1350 SHRUB OAK DR

City

LEAGUE CITY

State

TX

Zip Code

77573-5272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957694

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DALE MERKEL

Mailing Address 17202 DAVENPORT ST

City

OMAHA

State

NE

Zip Code

68118-4076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHEELS ALL SPORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PARTNER

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933236

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM K. MERKEL

Mailing Address 129 LOS CEDROS LOOP

City

KERRVILLE

State

TX

Zip Code

78028-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943695

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

301.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1500 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM K. MERKEL

Mailing Address 129 LOS CEDROS LOOP

City State Zip Code  
KERRVILLE TX 78028-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943739

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JACK M. MERRITTS

Mailing Address 470 CODY DR

City State Zip Code  
DENVER CO 80226-1146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952889

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
TOMMIE MERRIMAN

Mailing Address 1210 SUNSET DR

City State Zip Code  
WILMINGTON IL 60481-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965894

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

131.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1501 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL R. MERRY

Mailing Address 850 BLUEGRASS DR. W

City

BILLINGS

State

MT

Zip Code

59106-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRY CELLANS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963588

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL MERSHON

Mailing Address 1631 LOMA ST

City

SANTA BARBARA

State

CA

Zip Code

93103-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960014

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GEORGE MERZ

Mailing Address 15484 INCAPA RD.

City

JULIAN

State

CA

Zip Code

92036-9508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929011

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

701.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1502 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**ANN J. MESSINEO**

Mailing Address **15 JACQUELINE CT**

City

**LANOKA HARBOR**

State

**NJ**

Zip Code

**08734-2229**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**385.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID: SA11.13971094**

Amount of Each Receipt this Period

**60.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)

**DOROTHY M. MESSLER**

Mailing Address **997 N MARKET ST. APT. 4**

City

**TROY**

State

**OH**

Zip Code

**45373-1465**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FIRST TROY CORP**

Occupation  
**REAL ESTATE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID: SA11.13955618**

Amount of Each Receipt this Period

**80.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)

**MR. GEORGE METCALF**

Mailing Address **8430 ABBINGTON CIR  
APT C34**

City

**NAPLES**

State

**FL**

Zip Code

**34108-7763**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID: SA11.13955272**

Amount of Each Receipt this Period

**75.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**215.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1503 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY E. METCALF

Mailing Address 27136 BURBANK

City

FOOTHILL RNCH

State

CA

Zip Code

92610-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945387

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. YVONNE H. METHOT

Mailing Address 2303 WARREN STREET

City

BELLEVUE

State

NE

Zip Code

68005-5226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PILGRIM LUTH. CHURCH

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957247

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. YVONNE H. METHOT

Mailing Address 2303 WARREN STREET

City

BELLEVUE

State

NE

Zip Code

68005-5226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PILGRIM LUTH. CHURCH

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957572

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

156.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1504 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MARK METTAUER

Mailing Address 14 NORTH SEASON TRACE

City

THE WOODLANDS

State

TX

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958249

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY C. METZEL

Mailing Address 19391 SHADY HARBOR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959676

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JONATHAN METZLER

Mailing Address 3806 TRAUS ST

City

DALLAS

State

TX

Zip Code

75204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965560

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1505 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ALLAN MEYER**

Mailing Address **2436 S 6TH AVE.**

City State Zip Code  
**RIVERSIDE IL 60546-1242**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SALT CREEK ASSOICATES**

Occupation  
**BUSINESS CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**414.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962543

Amount of Each Receipt this Period

**55.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES R. MEYERHOFF**

Mailing Address **201 ARCH ST**

City State Zip Code  
**VEVAY IN 47043-1001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945521

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DANIEL P. MEYER**

Mailing Address **2506 DUXBURY PLACE**

City State Zip Code  
**ALEXANDRIA VA 22308-2138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE DUBERSTEIN GROUP**

Occupation  
**VICE PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13948196

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5080.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1506 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 HOWARD MEYER, JR.

Mailing Address 4745 SHADOW WOODS CT.

City State Zip Code  
**DUMFRIES VA 22025-1067**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954070

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. JOHN R. MEYER

Mailing Address 1118 PINSONFORK DRIVE

City State Zip Code  
**SPRING TX 77379-3617**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930675

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. JOHN R. MEYER

Mailing Address 1118 PINSONFORK DRIVE

City State Zip Code  
**SPRING TX 77379-3617**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940437

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1507 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JULIANNE P. MEYERHOLZ

Mailing Address 60 FOREST DR

City

SHORT HILLS

State

NJ

Zip Code

07078-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962821

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JULIANNE P. MEYERHOLZ

Mailing Address 60 FOREST DR

City

SHORT HILLS

State

NJ

Zip Code

07078-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13973183

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LISA MEYER

Mailing Address 300 INDEPENDENCE AVE., SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORNERSTONE GOVERNMENT AF-  
FAIRSOccupation  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13959402

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

380.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1508 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP K. MEYER

Mailing Address 327 HOLLOW TREE RIDGE ROAD

City

DARIEN

State

CT

Zip Code

06820-3217

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951346

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP K. MEYER

Mailing Address 327 HOLLOW TREE RIDGE ROAD

City

DARIEN

State

CT

Zip Code

06820-3217

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959068

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS MEYER

Mailing Address 3240 WILSON BLVD. # 120

City

ARLINGTON

State

VA

Zip Code

22201-4429

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CONDO 1, INC.

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930734

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1509 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS MEYER

Mailing Address 3240 WILSON BLVD. # 120

City

ARLINGTON

State

VA

Zip Code

22201-4429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONDO 1, INC.

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945565

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WENDY M. MEYERS

Mailing Address 39012 128TH STREET

City

ABERDEEN

State

SD

Zip Code

57401-8110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941768

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE S. MIAO

Mailing Address 100 SPEAR STREET, #939

City

SAN FRANCISCO

State

CA

Zip Code

94105-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OLYMPUS CAPITAL

Occupation

PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942975

Amount of Each Receipt this Period

9600.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1510 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DIANA D. MICHAEL

Mailing Address 18 WAGNER CT  
APT C

City State Zip Code  
WASHINGTON COURT H OH 43160-2079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROGRESSIVE

Occupation  
CLEANING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928307

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAM S. MIDDLETON

Mailing Address 1507 13TH STREET

City State Zip Code  
LUBBOCK TX 79401-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHARLES S. MIDDLETON AND  
SONS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918422

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R. MIELKE

Mailing Address 2222 MINNESOTA ST

City State Zip Code  
OSHKOSH WI 54902-7022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J & M ELECTRIC INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942597

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1511 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. MIGNIN

Mailing Address 402 BUCKEYE STREET

City

ARCHBOLD

State

OH

Zip Code

43502-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941617

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. MIGNIN

Mailing Address 402 BUCKEYE STREET

City

ARCHBOLD

State

OH

Zip Code

43502-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	0

Transaction ID: SA11.13971321

Amount of Each Receipt this Period

102.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT MILAR

Mailing Address 3510 JAMESTOWN DR.

City

ROCKFORD

State

IL

Zip Code

61109-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940137

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

193.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1512 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
ROBERT MILAR

Mailing Address 3510 JAMESTOWN DR.

City State Zip Code  
ROCKFORD IL 61109-2262FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965298

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. VINCE MILAVEC

Mailing Address 58 MOLINA RD.

City State Zip Code  
PERALTA NM 87042-8851FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951571

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. ROBERT H. MILBRATH

Mailing Address 5200 SW 25TH. BLVD. UNIT 3221

City State Zip Code  
GAINESVILLE FL 32608-8923FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962964

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1513 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLIE L. MILES

Mailing Address 113 EDELTON AVE.

City

SEVERN

State

MD

Zip Code

21144-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971264

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILLIE L. MILES

Mailing Address 113 EDELTON AVE.

City

SEVERN

State

MD

Zip Code

21144-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971272

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. C. MILKIE

Mailing Address 1499 WEMBLEY RD.

City

SAN MARINO

State

CA

Zip Code

91108-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945778

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1514 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. MILLARD

Mailing Address 6914 FARNABY COURT

City  
SPRINGState  
TXZip Code  
77379-7677FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958645

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. MILLARD

Mailing Address 6914 FARNABY COURT

City  
SPRINGState  
TXZip Code  
77379-7677FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961952

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALAN MILLER

Mailing Address PO BOX 462263

City  
ESCONDIDOState  
CAZip Code  
92046-2263FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MR. ALAN MILLEROccupation  
APPRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929010

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1515 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY J. MILLER

Mailing Address 812 E SHERMAN ST.

City

HUTCHINSON

State

KS

Zip Code

67501-3055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941959

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BEVERLY J. MILLER

Mailing Address 812 E SHERMAN ST.

City

HUTCHINSON

State

KS

Zip Code

67501-3055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952261

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BRENDA MILLER

Mailing Address 110 PANTHER CV

City

CANTON

State

MS

Zip Code

39046-5363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STRYKER

Occupation  
SALES REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929653

Amount of Each Receipt this Period

95.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1516 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. CRAIG R. MILLER

Mailing Address 446 WHEAT BERRY DR

City State Zip Code  
ERIE CO 80516-6826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RTD

Occupation  
BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13938444

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. DAVID B. MILLER

Mailing Address 3811 TURTLE CREEK BLVD.

City State Zip Code  
DALLAS TX 75219-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENCAP INVESTMENTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948201

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. FRANK MILLER

Mailing Address 1281 FOUNTAIN LAKES DR

City State Zip Code  
LAWRENCEVILLE GA 30043-4795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957741

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1260.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1517 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. HARRIET B. MILLER

Mailing Address 38141 HIGHWAY 42

City State Zip Code  
PRAIRIEVILLE LA 70769-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966270

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DR. HAROLD J. MILLER

Mailing Address 15770 PAUL VEGA MD DR STE 202

City State Zip Code  
HAMMOND LA 70403-1475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972779

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. HELEN F. MILLER

Mailing Address 39517 CEDARWOOD DR

City State Zip Code  
MURRIETA CA 92563-5305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956156

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1518 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. HELEN F. MILLER**

Mailing Address **39517 CEDARWOOD DR**

City State Zip Code  
**MURRIETA CA 92563-5305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**286.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963475

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. HERMAN L. MILLER**

Mailing Address **4001 GLACIER HILLS DR UNIT 348  
UNIT 348**

City State Zip Code  
**ANN ARBOR MI 48105-3658**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936083

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. HERMAN L. MILLER**

Mailing Address **4001 GLACIER HILLS DR UNIT 348  
UNIT 348**

City State Zip Code  
**ANN ARBOR MI 48105-3658**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972006

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**105.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1519 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JEAN SOMERS MILLER

Mailing Address 10 MARION AVENUE

City

ALBANY

State

NY

Zip Code

12203-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13929891

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH G. MILLER

Mailing Address 2617 KNOB HILL RD

City

JOHNSBURG

State

IL

Zip Code

60051-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944533

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH G. MILLER

Mailing Address 2617 KNOB HILL RD

City

JOHNSBURG

State

IL

Zip Code

60051-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950063

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1520 / 3187

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARSHALL B. MILLER, JR.

Mailing Address 319 LIMESTONE CREEK

City

SAN ANTONIO

State

TX

Zip Code

78232-3503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSON WALKER LLPOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951112

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY S. MILLER

Mailing Address 3540 W AVENUE J13

City

LANCASTER

State

CA

Zip Code

93536-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928113

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGETT T. MILLETT

Mailing Address 2933 LAC D OR AVE

City

BATON ROUGE

State

LA

Zip Code

70810-0324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940389

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1521 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. MAXIE J. MILLER**

Mailing Address **635 MILLER CIRCLE**

City State Zip Code  
**PELHAM AL 35124-3753**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13955943

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL MILLER**

Mailing Address **132 OVERSHORES E**

City State Zip Code  
**MADISON CT 06443-2842**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13918676

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL MILLER**

Mailing Address **14401 REEDS ST**

City State Zip Code  
**OVERLAND PARK KS 66223-1229**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**EXECUTIVE PRODUCERS, LLC**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13958256

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1522 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. NANCY MILLER**

Mailing Address **1520 COUNTRY CLUB DR**

City State Zip Code  
**PASO ROBLES CA 93446-3405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**635.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13938536

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. NORMAN D. MILLER**

Mailing Address **2644 NW ESPLANADE**

City State Zip Code  
**SEATTLE WA 98117-2527**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13955169

Amount of Each Receipt this Period

**45.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. NORMAN D. MILLER**

Mailing Address **2644 NW ESPLANADE**

City State Zip Code  
**SEATTLE WA 98117-2527**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13958973

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**205.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1523 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NYLENE J. MILLER

Mailing Address 57304 COUNTY ROAD 31

City

GOSHEN

State

IN

Zip Code

46528-9193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937325

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NYLENE J. MILLER

Mailing Address 57304 COUNTY ROAD 31

City

GOSHEN

State

IN

Zip Code

46528-9193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939953

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NYLENE J. MILLER

Mailing Address 57304 COUNTY ROAD 31

City

GOSHEN

State

IN

Zip Code

46528-9193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940464

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1524 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. RANDALL C. MILLER

Mailing Address 207 BELMONT CT

City State Zip Code  
**MICHIGAN CITY IN 46360-7014**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID: SA11.13930988**

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 RICHARD T. MILLER, USN (RET.)

Mailing Address 7101 BAY FRONT DR. APT. 316

City State Zip Code  
**ANNAPOLIS MD 21403-3701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID: SA11.13954071**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. ROBERT MILLER

Mailing Address 17 AZALEA DRIVE  
 APT B.

City State Zip Code  
**ORANGE CITY FL 32763-1304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID: SA11.13947608**

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1525 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT MILLER

Mailing Address 17 AZALEA DRIVE  
APT B.

City State Zip Code  
ORANGE CITY FL 32763-1304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973245

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. MILLER, JR.

Mailing Address P.O. BOX 52

City State Zip Code  
LOST CITY WV 26810-0052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966263

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD E. MILLER

Mailing Address 12433 US HIGHWAY 6

City State Zip Code  
GENESEO IL 61254-8505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934306

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

216.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1526 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS STANLEY MILLER

Mailing Address 3635 BEVERLY DR.

City

DALLAS

State

TX

Zip Code

75205-2869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954695

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM MILLER

Mailing Address 515 MADISON AVE FL 31

City

NEW YORK

State

NY

Zip Code

10022-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940005

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM MILLER

Mailing Address 515 MADISON AVE FL 31

City

NEW YORK

State

NY

Zip Code

10022-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941400

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1527 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. CHERYL MILLMAN**

Mailing Address **PO BOX 156**

City State Zip Code  
**WINLOCK WA 98596-0156**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13960733

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID W. MILLS**

Mailing Address **16 BROADWAY N**

City State Zip Code  
**WESTBROOK CT 06498-1631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**380.00**

Date of Receipt

**11 / 18 / 2010**

Transaction ID: SA11.13971256

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JERRY W. MILLS**

Mailing Address **5316 MONTROSE DR.**

City State Zip Code  
**DALLAS TX 75209-5616**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944102

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**310.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1528 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JIM MILLS

Mailing Address 3343 ALABAMA TRL

City

COUDERSPORT

State

PA

Zip Code

16915-9418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

M&amp;M MECHANICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13945517

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOTT P. MILLS

Mailing Address 1743 233RD PL NE

City

SAMMAMISH

State

WA

Zip Code

98074-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBM

Occupation

PRODUCT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13947792

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE S. MILNOR, II

Mailing Address 57 POND WAY

City

ALTON

State

IL

Zip Code

62002-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLERS FIRST INSURANCE  
COS.

Occupation

INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962574

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1529 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK M. MIMS

Mailing Address 605 W 12TH ST

City

WESLACO

State

TX

Zip Code

78596-7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941071

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK M. MIMS

Mailing Address 605 W 12TH ST

City

WESLACO

State

TX

Zip Code

78596-7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945178

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN MINDLIN

Mailing Address 1640 SEPULVEDA BOULEVARD  
SUITE 218

City

LOS ANGELES

State

CA

Zip Code

90025-7535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945623

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1530 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
CHARLES MINGES

Mailing Address P.O. BOX 899

City State Zip Code  
NAPLES FL 34106-0899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918502

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
RONALD MINGS

Mailing Address 2735 KOKOPELLI DR.

City State Zip Code  
MARION IL 62959-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIAAC

Occupation  
ALLEGERIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933542

Amount of Each Receipt this Period

199.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. RICHARD MINICUCCI

Mailing Address 401 9TH STREET, NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968695

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

649.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1531 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. MELVIN R. MINKO**

Mailing Address **10135 AZALEA DR**

City State Zip Code  
**CROWN POINT IN 46307-5352**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13928840

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. ANTHONY D. MINNICK, JR.**

Mailing Address **5920 ROBIN CT**

City State Zip Code  
**LINCOLN NE 68516**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13939631

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. LUCIAN S. MINOR**

Mailing Address **585 S GREER ST.**

City State Zip Code  
**MEMPHIS TN 38111-3225**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13953595

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

211.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1532 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. ANTHONY MIRAKIAN

Mailing Address 77 STANDISH RD.

City State Zip Code  
WATERTOWN MA 02472-1235FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942169

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ANTHONY MIRAKIAN

Mailing Address 77 STANDISH RD.

City State Zip Code  
WATERTOWN MA 02472-1235FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960516

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. SALLY R. MIRANDA

Mailing Address 124 SE RIO CASARANO

City State Zip Code  
PORT SAINT LUCIE FL 34984-6618FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NEW YORK LIFE INSURANCE  
CO.Occupation  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933470

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1533 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. PEGGY V. MISER**

Mailing Address **9807 MCMAHON CT**

City State Zip Code  
**MISSOURI CITY TX 77459-6397**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13937463

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**REV. ROBERT MISKIMEN**

Mailing Address **21 HIGHLAND PKWY.**

City State Zip Code  
**BELLA VISTA AR 72715-2376**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13972172

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. DORILA MISQUERO**

Mailing Address **30 PARK AVE**

City State Zip Code  
**WHITE PLAINS NY 10603-3529**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13918486

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1534 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEROME L. MISSEL

Mailing Address 583 HARRIS AVE

City

WOONSOCKET

State

RI

Zip Code

02895-1872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951097

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEROME L. MISSEL

Mailing Address 583 HARRIS AVE

City

WOONSOCKET

State

RI

Zip Code

02895-1872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	1	0

Transaction ID: SA11.13960681

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALYSON MITCHELL

Mailing Address 520 RUSSELL AVE

City

WYCKOFF

State

NJ

Zip Code

07481-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13960709

Amount of Each Receipt this Period

410.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

910.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1535 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CONSTANCE MITCHELL

Mailing Address 190 ALMENDRAL AVE

City

MENLO PARK

State

CA

Zip Code

94027-4056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949943

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELLEN R. MITCHELL

Mailing Address 6325 WATERS EDGE LN.

City

KNOXVILLE

State

TN

Zip Code

37919-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940890

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOLBROOK T. MITCHELL

Mailing Address 2170 HOFFMAN LN.

City

NAPA

State

CA

Zip Code

94558-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956469

Amount of Each Receipt this Period

900.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1536 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOLBROOK T. MITCHELL

Mailing Address 2170 HOFFMAN LN.

City

NAPA

State

CA

Zip Code

94558-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972774

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEE ROY MITCHELL

Mailing Address 12400 COIT ROAD  
SUITE 800

City

DALLAS

State

TX

Zip Code

75251-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINEMARK USA, INC.

Occupation  
CHAIRMAN OF THE BOARD/ DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932330

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LOIS M. MITCHELL

Mailing Address 1850 FOX BRIDGE COURT

City

FALLBROOK

State

CA

Zip Code

92028-8204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959041

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1537 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE S. MITCHELL

Mailing Address 3911 SCHOONER PT DR.  
APARTMENT 205City State Zip Code  
JUPITER FL 33477-2352FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928670

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS MITCHELL

Mailing Address 9516 BRIAR LANE

City State Zip Code  
DELAFLANE VA 20144-1955FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GEOBRIDGE CORPORATIONOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938810

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PRADIP K. MITRA

Mailing Address 7646 ARDLEIGH ST.

City State Zip Code  
PHILADELPHIA PA 19118-3202FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MITRA & ASSOC INCOccupation  
CONSULTING ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	0

Transaction ID: SA11.13972775

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1538 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**DALE MIZELL**

Mailing Address **4 PORTER ST**

City State Zip Code  
**DUMAS AR 71639-2814**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13964402

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. ANTHONY MLAKAR**

Mailing Address **13445 CEDAR ACRES DR**

City State Zip Code  
**CHESTERLAND OH 44026-3557**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13971644

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**LESLIE ARNOLD MOE**

Mailing Address **1721 CHARLESWOOD ESTATES DR**

City State Zip Code  
**WEST FARGO ND 58078-4201**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**MONARDS INC**

Occupation  
**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13966951

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1539 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK MOELLERING

Mailing Address 414 NW 4TH ST

City

POCAHONTAS

State

IA

Zip Code

50574-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961313

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. EGIL MOEN

Mailing Address PO BOX 308

City

ORION

State

IL

Zip Code

61273-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918609

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES R. MOESER, JR.

Mailing Address 870 CLASSIC CT. APT. 213

City

NAPLES

State

FL

Zip Code

34110-7051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939051

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

261.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1540 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID THOMSON MOHLER

Mailing Address 3 W. IRVING STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-4218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EAST END GROUP

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951141

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN MOHME

Mailing Address 8942 BURTON WAY

City

BEVERLY HILLS

State

CA

Zip Code

90211-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971355

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN MOHR

Mailing Address 33602 S HAMPSHIRE ST

City

LIVONIA

State

MI

Zip Code

48154-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944867

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5160.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1541 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CRAIG R. MOLES

Mailing Address 3127 HAMPTON ROAD

City

PALMDALE

State

CA

Zip Code

93551-1574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCKHEED MARTINOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959384

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUSAN MONATH

Mailing Address 2001 KOOKUK ST APT 4

City

IOWA CITY

State

IA

Zip Code

52240-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYEDOccupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13969273

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JANE M. MONBRANA

Mailing Address 1016 N OREGON ST APT 5

City

EL PASO

State

TX

Zip Code

79902-4066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941401

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1542 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JANE M. MONBRANA

Mailing Address 1016 N OREGON ST APT 5

City

EL PASO

State

TX

Zip Code

79902-4066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963265

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARNALDO MONGE

Mailing Address 1305 WAKEHURST CT

City

LEXINGTON

State

KY

Zip Code

40509-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAGYARD EQUINE MEDICAL IN-  
STITUTEOccupation  
VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13932870

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR B. MONROE

Mailing Address 61 SO. VALLEY RD.

City

PELHAM

State

MA

Zip Code

01002-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13959345

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1156.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1543 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHERINE W. MONROE

Mailing Address P.O. BOX 518

City

IRVINGTON

State

VA

Zip Code

22480-0518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968151

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARLYLE N. MONTANYE, JR.

Mailing Address P.O. BOX 14

City

GLYNDON

State

MD

Zip Code

21071-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944049

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARLYLE N. MONTANYE, JR.

Mailing Address P.O. BOX 14

City

GLYNDON

State

MD

Zip Code

21071-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961825

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

471.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1544 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. MONTAG

Mailing Address 127 E. 73RD ST.

City

NEW YORK

State

NY

Zip Code

10021-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA MERRILL  
LYNCH

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951055

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALVARO MONTEALEGRE

Mailing Address 415 EMBASSY OAKS DR  
SUITE 100

City

SAN ANTONIO

State

TX

Zip Code

78216-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MURO GROUP, INC.

Occupation

GENERAL MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928512

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALVARO MONTEALEGRE

Mailing Address 415 EMBASSY OAKS DR  
SUITE 100

City

SAN ANTONIO

State

TX

Zip Code

78216-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MURO GROUP, INC.

Occupation

GENERAL MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969809

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1545 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELLEN A. MONTGOMERY

Mailing Address 924 E JUNEAU AVE UNIT 510

City

MILWAUKEE

State

WI

Zip Code

53202-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949494

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELLEN A. MONTGOMERY

Mailing Address 924 E JUNEAU AVE UNIT 510

City

MILWAUKEE

State

WI

Zip Code

53202-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950349

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELLEN A. MONTGOMERY

Mailing Address 924 E JUNEAU AVE UNIT 510

City

MILWAUKEE

State

WI

Zip Code

53202-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971062

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1546 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. NEIL MONTGOMERY

Mailing Address 1925 HAWK HILL DR

City State Zip Code  
HARTSVILLE SC 29550-9316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950497

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM G. MONTGOMERY

Mailing Address 355 BUENA VISTA RD

City State Zip Code  
ROYSE CITY TX 75189-6602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962565

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. GERALD MONTIAGNE, JR.

Mailing Address 128 CROSSLANDS DR

City State Zip Code  
KENNETT SQ PA 19348-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943413

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1547 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD MONTIAGNE, JR.

Mailing Address 128 CROSSLANDS DR

City

KENNETT SQ

State

PA

Zip Code

19348-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972806

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. MOON

Mailing Address 2811 TURNBULL ST

City

OCEANSIDE

State

CA

Zip Code

92054-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957586

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK S. MOONEY

Mailing Address 802 E STANFORD AVE

City

ENGLEWOOD

State

CO

Zip Code

80113-5925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941604

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

286.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1548 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLARENCE C. MOORE

Mailing Address 437 BOSQUE CIR

City

BLYTHEWOOD

State

SC

Zip Code

29016-7927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952082

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD M. MOORE, JR.

Mailing Address 941 CAROL WAY

City

EDMONDS

State

WA

Zip Code

98020-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953790

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY E. MOORE

Mailing Address 2016 S 15TH ST

City

NILES

State

MI

Zip Code

49120-4357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943885

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

177.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1549 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. EDWIN S. MOORE**

Mailing Address **1320 REVELATION RD**

City State Zip Code  
**JENKINTOWN PA 19046-1022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13970040

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH R. MOORE**

Mailing Address **P.O. BOX 559**

City State Zip Code  
**OCEAN PARK WA 98640-0559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**226.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933125

Amount of Each Receipt this Period

**151.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. EVELEE C. MOORE**

Mailing Address **102 CALADIUM DR**

City State Zip Code  
**SAN ANTONIO TX 78213-2401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946678

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**206.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1550 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. EVELEE C. MOORE

Mailing Address 102 CALADIUM DR

City

SAN ANTONIO

State

TX

Zip Code

78213-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947289

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EVELEE C. MOORE

Mailing Address 102 CALADIUM DR

City

SAN ANTONIO

State

TX

Zip Code

78213-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947312

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. EVELEE C. MOORE

Mailing Address 102 CALADIUM DR

City

SAN ANTONIO

State

TX

Zip Code

78213-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948248

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

51.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1551 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GARY MOORES**

Mailing Address **PO BOX 841**

City State Zip Code  
**EUFAULA OK 74432-0841**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CONCORDE RESOURCES CORP.**

Occupation  
**OIL & GAS PRODUCER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: **SA11.13951109**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JACK MOORE**

Mailing Address **104 NOCCALULA CT**

City State Zip Code  
**PRATTVILLE AL 36067-8422**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: **SA11.13954512**

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES R. MOORE**

Mailing Address **1540 SAMONTEE RD**

City State Zip Code  
**JACKSONVILLE FL 32211-5199**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: **SA11.13928203**

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2685.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1552 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. MOORE

Mailing Address 1540 SAMONTEE RD

City

JACKSONVILLE

State

FL

Zip Code

32211-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946600

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. MOORE

Mailing Address 1540 SAMONTEE RD

City

JACKSONVILLE

State

FL

Zip Code

32211-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971018

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFF G. MOORE

Mailing Address 1104 STONERIDGE DR

City

LAWRENCE

State

KS

Zip Code

66049-4772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPRINT

Occupation  
PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955924

Amount of Each Receipt this Period

99.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

159.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1553 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN L. MOORE

Mailing Address 1249 BOUQUET CIR.

City

THOUSAND OAKS

State

CA

Zip Code

91362-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946159

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LOIS L. MOORE

Mailing Address 4100 MILLER RD.

City

SPRINGFIELD

State

OH

Zip Code

45502-8623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942004

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL MOORE

Mailing Address 557 LINDLY ST

City

GRAND PRAIRIE

State

TX

Zip Code

75052-3415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAE SIMU FLITE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ENGINEER

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941646

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

116.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1554 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. PATRICK MOORE**

Mailing Address **8169 S VALDAI CT**

City State Zip Code  
**AURORA CO 80016-7258**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MARKETING COMPANY**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: **SA11.13971145**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. PATRICIA MOORE**

Mailing Address **5355 TARTAN LN.**

City State Zip Code  
**COLUMBUS OH 43235-7379**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: **SA11.13971591**

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. PAULINE I. MOORE**

Mailing Address **2424 E 28TH. ST.**

City State Zip Code  
**TULSA OK 74114-5611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RANCHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**820.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: **SA11.13940962**

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**575.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1555 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TILLMAN M. MOORE

Mailing Address 909 MARINE DR  
#104

City State Zip Code  
BELLINGHAM WA 98225-8462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PACIFIC COAST

Occupation  
MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2060.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932738

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. MOORE

Mailing Address 11980 TURTLE BEACH ROAD

City State Zip Code  
NORTH PALM BEACH FL 33408-2937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940835

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARGARET EZELL MOORHEAD

Mailing Address P.O. BOX 53

City State Zip Code  
HOPKINSVILLE KY 42241-0053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933276

Amount of Each Receipt this Period

251.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

552.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1556 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARBARA MOORMAN

Mailing Address 1451 BONNIE VIEW DR

City

EVANSVILLE

State

IN

Zip Code

47715-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949120

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP M. MORACE

Mailing Address 10 W END AVE APT 20B

City

NEW YORK

State

NY

Zip Code

10023-7841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960763

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH L. MORALES

Mailing Address 249 N 10TH AVE

City

UPLAND

State

CA

Zip Code

91786-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948999

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1557 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. SIEDEL E. MORAVITS

Mailing Address **239 MARTIN STREET**

City State Zip Code  
**UVALDE TX 78801-4337**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956271

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. SIEDEL E. MORAVITS

Mailing Address **239 MARTIN STREET**

City State Zip Code  
**UVALDE TX 78801-4337**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961848

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. SIEDEL E. MORAVITS

Mailing Address **239 MARTIN STREET**

City State Zip Code  
**UVALDE TX 78801-4337**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 9 / 2 0 1 0**

Transaction ID: SA11.13967335

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1558 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROY D. MOREHOUSE

Mailing Address 3851 N RIVER RD

City

WEST LAFAYETTE

State

IN

Zip Code

47906-3762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944284

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ELIAS MORENO, JR.

Mailing Address 1591 DIPLOMAT DRIVE

City

BEAVERCREEK

State

OH

Zip Code

45432-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERCO INCOccupation  
LOGISTICS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933299

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BARBARA V. MORGAN

Mailing Address 1638 44TH. AVE

City

SAN FRANCISCO

State

CA

Zip Code

94122-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959791

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

127.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1559 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BEN W. MORGAN

Mailing Address 122 MARINA DEL REY CT.

City

CLEARWATER

State

FL

Zip Code

33767-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955926

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. FLORENCE MORGAN

Mailing Address 4110 TANGLE LANE

City

WINSTON SALEM

State

NC

Zip Code

27106-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931501

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANE A. MORGAN

Mailing Address 213 RIVER HILLS CT.

City

MCKINNEY

State

TX

Zip Code

75069-4218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950459

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1560 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JEFFEREY L. MORGAN**

Mailing Address **27 HORSESHOE LANE**

City State Zip Code  
**ROLLING HILLS ESTA CA 90274-4823**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PALASERDIES SCHOOL DIST.**

Occupation  
**HOUSE CLERK**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID: SA11.13960175**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. SEAN M. MORGAN**

Mailing Address **515 FARM VIEW LANE**

City State Zip Code  
**KALISPELL MT 59901-2144**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ING**

Occupation  
**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

**Transaction ID: SA11.13967644**

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. WILLIAM C. MORGAN**

Mailing Address **16 WILDE ACRE ROAD**

City State Zip Code  
**CHARLESTON WV 25314**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID: SA11.13954927**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1561 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. MORGAN

Mailing Address P.O. BOX 13856

City

JACKSON

State

MS

Zip Code

39236-3856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968991

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY E. MORIARTY

Mailing Address 20 PROSPECT HILL AVENUE

City

SUMMIT

State

NJ

Zip Code

07901-3740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

851.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956338

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GARRISON MORIN

Mailing Address 1862 GOLDMILLER RD

City

BUNKER HILL

State

WV

Zip Code

25413-3473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOUNTAIN STATE ENT CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969901

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1562 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID MORISETTE

Mailing Address 15600 268TH ST

City

FORT RIPLEY

State

MN

Zip Code

56449-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938311

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

H. BARCLAY MORLEY

Mailing Address 3 ANGELFISH CAY DR

City

KEY LARGO

State

FL

Zip Code

33037-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957200

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALBERTO L. MOROS

Mailing Address 105 BAYSPRINGS PL.

City

SAVANNAH

State

GA

Zip Code

31405-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULFSTREAM

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960159

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1563 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. DIANA L. MORRIS**

Mailing Address **7006 STONE INLET DR**

City State Zip Code  
**FORT BELVOIR VA 22060-7429**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13959092

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. EDWARD MORRIS**

Mailing Address **13777 BALLANTYNE CORPORATE PL  
STE 400**

City State Zip Code  
**CHARLOTTE NC 28277-3429**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**AKIMA MGMT. SERVICES INC.**

Occupation  
**C.E.O.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935060

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**GLYNN MORRIS**

Mailing Address **355 REES STREET**

City State Zip Code  
**PLAYA DEL REY CA 90293-7745**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13946846

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1564 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ISAAC A. MORRIS**

Mailing Address **2867 OUTLET ROAD**

City State Zip Code  
**CLIFTON SPRINGS NY 14432-9742**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**G.W. LISH CO. INC**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**32400.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948284

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

REFUND TO BE ISSUED

B.

Full Name (Last, First, Middle Initial)  
**KAY MORRIS**

Mailing Address **16822 SANDESTINE DR.**

City State Zip Code  
**HOUSTON TX 77095-4700**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**340.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951408

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. PATRICK MORRISEY**

Mailing Address

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KING & SPALDING**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13960649

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**4600.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1565 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA MORRIS

Mailing Address 506 W 22ND ST.

City

KANNAPOLIS

State

NC

Zip Code

28081-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937786

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RANDOPH D. MORRISON

Mailing Address 10 ROBINSON RD

City

CHICHESTER

State

NH

Zip Code

03258-6038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORRISON MANAGEMENT SVC

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953617

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD E. MORRISON

Mailing Address 425 GOLF VIEW DR

City

JACKSON

State

AL

Zip Code

36545-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928526

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

151.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1566 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. RICHARD E. MORRISON

Mailing Address 425 GOLF VIEW DR

City State Zip Code  
JACKSON AL 36545-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969819

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ROBERT J. MORRICE

Mailing Address 17502 102ND AVE NE APT 124

City State Zip Code  
BOTHELL WA 98011-6707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940935

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ROBERT J. MORRICE

Mailing Address 17502 102ND AVE NE APT 124

City State Zip Code  
BOTHELL WA 98011-6707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972889

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1567 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE H. MORRISON

Mailing Address 320 COMMONS RD

City

ST SIMONS ISLAND

State

GA

Zip Code

31522-9754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955792

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM MORRIS

Mailing Address 1955 MILLBRIDGE RD.

City

SALEM

State

VA

Zip Code

24153-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956026

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM MORRIS

Mailing Address 1955 MILLBRIDGE RD.

City

SALEM

State

VA

Zip Code

24153-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968074

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

151.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1568 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. JAMI DANA MORSE HEIDEGGER

Mailing Address 19901 NORTHRIDGE RD.

City State Zip Code  
CHATSWORTH CA 91311-1822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MONARCH INTL.

Occupation  
MAGAZINE PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956875

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM E. MORSE

Mailing Address 1426 CHATUGE CIR

City State Zip Code  
HIAWASSEE GA 30546-1826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956520

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. GARY MORSON

Mailing Address 2215 PAYNE STREET

City State Zip Code  
EVANSTON IL 60201-2509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHWESTERN

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951071

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

389.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1569 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVIS MORTENSEN

Mailing Address 1661 SNUG HARBOR DRIVE

City

GREENSBORO

State

GA

Zip Code

30642-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937714

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES MORTON

Mailing Address 206 MICKELSON DRIVE

City

NEW BERN

State

NC

Zip Code

28560-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940663

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARY R. MORTON

Mailing Address 2896 STIRRUP DR.

City

OAKLEY

State

CA

Zip Code

94561-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928868

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1570 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. W. HUGH MORTON

Mailing Address 1480 DRIFT ROAD

City

WESTPORT

State

MA

Zip Code

02790-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946215

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JUNE MOSBY

Mailing Address 1402 PARK ST

City

SUMNER

State

WA

Zip Code

98390-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957462

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARIE MOSE

Mailing Address 150 PLYMOUTH DR

City

SCARSDALE

State

NY

Zip Code

10583-6841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947233

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1571 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARIE MOSE

Mailing Address 150 PLYMOUTH DR

City

SCARSDALE

State

NY

Zip Code

10583-6841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971432

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOAN B. MOSELEY

Mailing Address 3115 ASHLAND CITY RD

City

CLARKSVILLE

State

TN

Zip Code

37043-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13947114

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RALEIGH W. MOSES

Mailing Address 2915 AMBER OAKS CT.

City

HERNDON

State

VA

Zip Code

20171-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936155

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1572 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. IRVING MOSKOWITZ**

Mailing Address **21520 PIONEER BOULEVARD  
 SUITE 205**

City State Zip Code  
**HAWAIIAN GARDENS CA 90716-2603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**20000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

**Transaction ID: SA11.13942465**

Amount of Each Receipt this Period

**20000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. NANETTE M. MOSS**

Mailing Address **400 E CHURCH ST**

City State Zip Code  
**ELMIRA NY 14901-2834**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHEMUNG COUNTY**

Occupation  
**SECRETARY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**336.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

**Transaction ID: SA11.13958599**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. NANETTE M. MOSS**

Mailing Address **400 E CHURCH ST**

City State Zip Code  
**ELMIRA NY 14901-2834**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHEMUNG COUNTY**

Occupation  
**SECRETARY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**336.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

**Transaction ID: SA11.13958918**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**20100.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1573 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL MOSSMAN

Mailing Address 636 KAHA ST

City

KAILUA

State

HI

Zip Code

96734-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PFC, INC.

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13932411

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN B. MOSTELLAR

Mailing Address P.O. BOX 8887

City

MOBILE

State

AL

Zip Code

36689-0887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13972195

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LISA K. MOTA

Mailing Address 2860 EAGLE STREET

City

SAN DIEGO

State

CA

Zip Code

92103-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951309

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1574 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH MOTLEY

Mailing Address 2323 CRYSTAL SPRING AVE SW

City

ROANOKE

State

VA

Zip Code

24014-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961853

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY V. MOULDER

Mailing Address 3747 PEACHTREE RD. NE APT. 307

City

ATLANTA

State

GA

Zip Code

30319-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931584

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PAMELA S. MOULSDALE

Mailing Address 2301 CHOATE RD

City

FALLSTON

State

MD

Zip Code

21047-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962683

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1575 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DESAI MOUNANG

Mailing Address 6003 ISLA VISTA

City

HOUSTON

State

TX

Zip Code

77041-6057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959407

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GABRIELLA POLONY MOUNTAIN

Mailing Address 11317 JARBOE ST

City

KANSAS CITY

State

MO

Zip Code

64114-5228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
SCULPTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939303

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GABRIELLA POLONY MOUNTAIN

Mailing Address 11317 JARBOE ST

City

KANSAS CITY

State

MO

Zip Code

64114-5228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
SCULPTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959705

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5065.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1576 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SATYA MOVVA

Mailing Address 5783 SUMMER STAR LN

City

FRISCO

State

TX

Zip Code

75034-1981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMTEK CONSULTING

Occupation

SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13957613

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD H. MOY

Mailing Address 25 WILDWOOD RD

City

SPRINGFIELD

State

IL

Zip Code

62704-4359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937107

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARROLL A. MOYERS

Mailing Address 21104 DOVESVILLE RD

City

BERGTON

State

VA

Zip Code

22811-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACEN REG LIB

Occupation

LIBRAI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929124

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1577 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. VANESSA M. MUCCINO**

Mailing Address **8522 TOWNE MANOR CT**

City State Zip Code  
**ALEXANDRIA VA 22309-4503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US INVESTIGATIONS**

Occupation  
**INVESTIGATOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**245.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931592

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**WALTER MUELLER**

Mailing Address **1686 JOFFRE RD**

City State Zip Code  
**FORKED RIVER NJ 08731-5626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**271.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13932753

Amount of Each Receipt this Period

**41.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**WALTER MUELLER**

Mailing Address **1686 JOFFRE RD**

City State Zip Code  
**FORKED RIVER NJ 08731-5626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**271.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949109

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**116.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1578 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. GERMANO LAZZARO MULARONI

Mailing Address 26212 GRAHAM RD.

City State Zip Code  
 REDFORD MI 48239-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GERMANO MGF COMPANY

Occupation  
PROPERTY DEVELOPMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953954

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. HENRY MULHOLLAND

Mailing Address 24 VALLEY RD.

City State Zip Code  
 PLANDOME NY 11030-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA MERRILL  
LYNCH

Occupation  
TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951067

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. GEORGE F. MULLER

Mailing Address 4902 SHADY SIDE DR

City State Zip Code  
 ROANOKE VA 24018-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959793

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1579 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. MULLER

Mailing Address 1 SALEM RD.

City

CARMEL

State

NY

Zip Code

10512-6512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965732

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICH MULLER

Mailing Address 3017 WOODHOLLOW DR.

City

FLOWER MOUND

State

TX

Zip Code

75022-8477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13943043

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ETHEL F. MULLICAN

Mailing Address 24300 HIPSLEY MILL RD

City

GAITHERSBURG

State

MD

Zip Code

20882-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942605

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1580 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY N. MULLINIX

Mailing Address 19129 HOLBERTON LANE

City

BROOKEVILLE

State

MD

Zip Code

20833-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939472

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. MUMFORD

Mailing Address 105 FARM LN

City

WESTWOOD

State

MA

Zip Code

02090-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944724

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. MUNDY

Mailing Address 444 W. 47TH ST

City

MISSION HILLS

State

KS

Zip Code

66208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCKTON COMPANIES

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948179

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1581 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY MUNGOVAN

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODY

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13968703

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH MUNINGER, JR.

Mailing Address 6321 HERITAGE CT

City

STILWELL

State

KS

Zip Code

66085-9532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933269

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CARLOS E. MUNOZ

Mailing Address 100 LINCOLN RD APT 323

City

MIAMI BEACH

State

FL

Zip Code

33139-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936285

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

641.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1582 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DR. CARLOS E. MUNOZ

Mailing Address 100 LINCOLN RD APT 323

City State Zip Code  
MIAMI BEACH FL 33139-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950092

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
ROBERT MURADYAN

Mailing Address 6641 BRAUN CT

City State Zip Code  
ARVADA CO 80004-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWISSLOG TRANS

Occupation

DESIGN DRAFTSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929424

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. KENT MURDOCK

Mailing Address 2375 S 625 W

City State Zip Code  
WOODS CROSS UT 84010-8182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961323

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1583 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. GEORGE MURPHY

Mailing Address 2409 COOLIDGE WAY

City State Zip Code  
 RNCHO CORDOVA CA 95670-3903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936170

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. JOE P. MURPHY

Mailing Address 519 BLACKJACK OAK

City State Zip Code  
 SHAVANO PARK TX 78230-5637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 MURPHY TOMATOES

Occupation  
 SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932250

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. NEIL F. MURPHY

Mailing Address 226 MONTE VISTA DRIVE

City State Zip Code  
 NAPA CA 94559-2125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 M & R ENTERPRISES

Occupation  
 INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943163

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1584 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**PATSY A. MURPHY**

Mailing Address **4 JOHN STARK LN**

City State Zip Code  
**HAMPTON NH 03842-1026**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 4 / 2 0 1 0**

Transaction ID: SA11.13965155

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. RITA R. MURPHY**

Mailing Address **5071 KILLOWEN COURT**

City State Zip Code  
**COLUMBUS OH 43230-4008**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13947342

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. SANDRA MURPHY**

Mailing Address **3115 SQUALICUM PKWY  
 APT 229**

City State Zip Code  
**BELLINGHAM WA 98225-1943**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13955796

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1585 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. MURPHY

Mailing Address 115 CONNA AVENUE

City

STARKVILLE

State

MS

Zip Code

39759-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940139

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BETTY MURRAY

Mailing Address 241 N VINE ST. APT. 608E

City

SALT LAKE CTY

State

UT

Zip Code

84103-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939270

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BONNIE L. MURRAY

Mailing Address 925 S 26TH. ST. APT. 113

City

LOUISVILLE

State

KY

Zip Code

40210-1172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947332

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1586 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BONNIE L. MURRAY

Mailing Address 925 S 26TH. ST. APT. 113

City

LOUISVILLE

State

KY

Zip Code

40210-1172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956521

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BONNIE L. MURRAY

Mailing Address 925 S 26TH. ST. APT. 113

City

LOUISVILLE

State

KY

Zip Code

40210-1172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972771

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT MURRAY

Mailing Address 1229 CAPRI DR

City

PANAMA CITY

State

FL

Zip Code

32405-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RYAN INTERNATIONAL

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945371

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1587 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHANNON N. MURRAY

Mailing Address 5134 SHOREGATE DR.

City

GARLAND

State

TX

Zip Code

75043-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL CITY DALLAS LIMITED

Occupation

OFFICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: SA11.13967940

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH B. MURREY

Mailing Address 5895 GARDEN RIVER CV

City

MEMPHIS

State

TN

Zip Code

38120-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	1	0

Transaction ID: SA11.13969900

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JUDITH MURRELL

Mailing Address 1203 N EXPRESSWAY 77 UNIT 473

City

HARLINGEN

State

TX

Zip Code

78552-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941425

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

901.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1588 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUDITH MURRELL

Mailing Address 1203 N EXPRESSWAY 77 UNIT 473

City

HARLINGEN

State

TX

Zip Code

78552-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944550

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES MUSIC

Mailing Address P.O. BOX 648

City

WEST VAN LEAR

State

KY

Zip Code

41268-0648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969401

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE MUSSETTER

Mailing Address 79297 SIGN OF SPG

City

LA QUINTA

State

CA

Zip Code

92253-6364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALM DESERT ACE HARDWARE

Occupation  
CASHIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932107

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1589 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN MUSSER

Mailing Address 818 GRIFFITH AVE.

City

TERRELL

State

TX

Zip Code

75160-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ARTIST/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13943012

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN K. MUTZ

Mailing Address 808 VICTORY LANE

City

MARYVILLE

State

MO

Zip Code

64468-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941297

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS EVELYN MYERCHIN

Mailing Address 1005 SE 77TH CT

City

VANCOUVER

State

WA

Zip Code

98664-1792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964785

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1590 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. MYERS

Mailing Address 2724 SYLVAN WAY

City

MCKINNEY

State

TX

Zip Code

75070-4049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941017

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANK B. MYERS

Mailing Address 100 BRANDON PL.

City

WINSTON SALEM

State

NC

Zip Code

27104-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SALEM ELECTRIC CO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ELECTRICAL CONTRACTOR

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935482

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOAN MYERS

Mailing Address 13580 GOODALL RD

City

LAKE OSWEGO

State

OR

Zip Code

97034-2075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958892

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

845.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1591 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. KAY MYERS

Mailing Address 1111AS MITCHELL ST

City

WARRENSBURG

State

MO

Zip Code

64093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

317.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957551

Amount of Each Receipt this Period

55.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERT MYERS

Mailing Address 285 GREENS FANNS RD.

City

WESTPORT

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950294

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT L. MYERS

Mailing Address 1127 MCDONALD ST

City

EUREKA

State

CA

Zip Code

95503-4969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928092

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1592 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. RONALD MYERS

Mailing Address 107 LARCHMONT DRIVE

City State Zip Code  
TRUMANSBURG NY 14886-9725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951601

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. SALLY A. MYERS

Mailing Address PO BOX 1818

City State Zip Code  
TEMECULA CA 92593-1818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIZZLER RESTAURANTS

Occupation  
FRANCHISEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962708

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
WALTER E. MYERS, JR.

Mailing Address 3818 SUGARLOAF PKWY.

City State Zip Code  
FREDERICK MD 21704-7900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MONTGOMERY COUNTY MARYLAND

Occupation  
PERMIT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943627

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1593 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**WALTER E. MYERS, JR.**

Mailing Address **3818 SUGARLOAF PKWY.**

City State Zip Code  
**FREDERICK MD 21704-7900**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**MONTGOMERY COUNTY MARYLAND**

Occupation  
**PERMIT TECHNICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972099

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. DIANNE H. NABORS**

Mailing Address **323 ABINGTON ST.**

City State Zip Code  
**PRATTVILLE AL 36066-5551**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13941775

Amount of Each Receipt this Period

39.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. DIANNE H. NABORS**

Mailing Address **323 ABINGTON ST.**

City State Zip Code  
**PRATTVILLE AL 36066-5551**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951969

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1594 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. DIANNE H. NABORS**

Mailing Address **323 ABINGTON ST.**

City State Zip Code  
**PRATTVILLE AL 36066-5551**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952914

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. BRYAN NACE**

Mailing Address **9200 MITCHELL BEND CT**

City State Zip Code  
**GRANBURY TX 76048-7725**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**GHZ COMMUNICATIONS**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13932419

Amount of Each Receipt this Period

39.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. SHERMAN NAGLER**

Mailing Address **5135 BRAESVALLEY DR**

City State Zip Code  
**HOUSTON TX 77096-2609**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961424

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

164.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1595 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JAYAMALA A. NAIDU**

Mailing Address **220 BLUESTONE PL**

City State Zip Code  
**CASSELBERRY FL 32707-4147**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SALES**

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**470.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13918442

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES F. NAJA**

Mailing Address **21660 W MAC GREGOR DR**

City State Zip Code  
**NEW BERLIN WI 53146-4744**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941745

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. YOSHIRO NAKAMURA**

Mailing Address **710 OLIVE AVE**

City State Zip Code  
**WAIHAWA HI 96786**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13947789

Amount of Each Receipt this Period

**400.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**661.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1596 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. YUKI NAKASHIMA

Mailing Address 3279 GLENDON AVE  
APT 6

City	State	Zip Code
LOS ANGELES	CA	90034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
MIDARIARY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946750

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. NALLY

Mailing Address 9125 CONCORD HUNT CIRCLE

City	State	Zip Code
BRENTWOOD	TN	37027-8762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NH DENTAL PARTNERS, PLLC  
(MANAGING PAROccupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941830

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY NAPIER

Mailing Address 1912 N UNION AVE

City	State	Zip Code
OZARK	AL	36360-7216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	0

Transaction ID: SA11.13969878

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

351.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1597 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. SALAH NASSER

Mailing Address 40 BROOKSIDE DRIVE

City

ATHENS

State

PA

Zip Code

18810-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUTHRIE CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1645.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962538

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES J. NAYLOR

Mailing Address 769 BERLIN RD

City

WILMINGTON

State

OH

Zip Code

45177-7830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956775

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANGELA S. NEAL

Mailing Address 7600 KENNEDY RD.

City

NOKEVILLE

State

VA

Zip Code

20181-5847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945760

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

186.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1598 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. C. E. NEAL, JR.

Mailing Address P.O. BOX 41

City

FAIRFIELD

State

TX

Zip Code

75840-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961906

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JIM NEAL

Mailing Address P.O. BOX 1676

City

ADA

State

OK

Zip Code

74821-1676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RANCHER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937179

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JIM NEAL

Mailing Address P.O. BOX 1676

City

ADA

State

OK

Zip Code

74821-1676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RANCHER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956274

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1599 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVE C. NEAL

Mailing Address 5515 HUFFMAN DR

City

KECHI

State

KS

Zip Code

67067-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931537

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. NEALE

Mailing Address 2325 42ND ST. NW  
#404

City

WASHINGTON

State

DC

Zip Code

20007-4958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIBRARY OF CONGRESS

Occupation

POLICY ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957954

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HENRY G. NEBEKER, JR.

Mailing Address 3783 WINFORD DR

City

TARZANA

State

CA

Zip Code

91356-5808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953449

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1600 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VENITA NEEDHAM

Mailing Address 715 ANNA ST.

City

MOSCOW

State

ID

Zip Code

83843-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13958652

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL A. NEFF

Mailing Address 8187 STATE ROUTE 43

City

STREETSBORO

State

OH

Zip Code

44241-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13960255

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SCOTT B. NEFF

Mailing Address 9520 MILLS CIVIC PKWY

City

WEST DES MOINES

State

IA

Zip Code

50266-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL IOWA ORTHOOccupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13955882

Amount of Each Receipt this Period

600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

725.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1601 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLYDE A. NEIBAUR

Mailing Address 1210 NEIBAUR MOUNTAIN RD

City

BANCROFT

State

ID

Zip Code

83217-5166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951493

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT NEILSON

Mailing Address 258 THOMAS LN

City

STOWE

State

VT

Zip Code

05672-5060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941918

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EDWARD S. NEISS

Mailing Address 200 CHARTER OAK DR.

City

NEW CANAAN

State

CT

Zip Code

06840-6703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949953

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1602 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHAD R. NELSON

Mailing Address 1705 TROY LN N

City

MINNEAPOLIS

State

MN

Zip Code

55447-2547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962529

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DANIELLE NELSON

Mailing Address 930 WESTBOURNE DR. APT. 100

City

W HOLLYWOOD

State

CA

Zip Code

90069-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NELSON MANAGEMENT COOccupation  
APARTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963224

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID K. NELSON

Mailing Address 25862 JASPER RD  
APT 6

City

BARSTOW

State

CA

Zip Code

92311-7202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTER FOR ARMY LESSONS  
LEARNEDOccupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951428

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1603 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. NELSON

Mailing Address P.O. BOX 401458

City

HESPERIA

State

CA

Zip Code

92340-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956675

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS O. NELSON

Mailing Address 12031 HUNTING CREST DR.

City

PROSPECT

State

KY

Zip Code

40059-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962699

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH M. NELSON

Mailing Address 20 ROLLINGWOOD DR  
SPC 131

City

JACKSON

State

CA

Zip Code

95642-9446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933104

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

286.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1604 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ILABELLE NELSON

Mailing Address 10103 131ST AVE SW

City

SCRANTON

State

ND

Zip Code

58653-9293

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932745

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MIKE NELSON

Mailing Address 4040 MANLY RD

City

ROSAMOND

State

CA

Zip Code

93560-6930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RESERVE SYSTEMS INC

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957720

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDOLPH M. NELSON

Mailing Address 35 WEST 76TH STREET

City

NEW YORK

State

NY

Zip Code

10023-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANGUINE GAS EXPLORATION

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945251

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2861.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1605 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. NELSON

Mailing Address 1050 20TH ST

City

CEYLON

State

MN

Zip Code

56121-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NELSON FARMS

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929627

Amount of Each Receipt this Period

95.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS RUTH L. NELSON

Mailing Address 1116 MACE AVE

City

BRONX

State

NY

Zip Code

10469-5305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939368

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS RUTH L. NELSON

Mailing Address 1116 MACE AVE

City

BRONX

State

NY

Zip Code

10469-5305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948616

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1606 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN NELSON

Mailing Address 217 CHARLESTON DR

City

VICTORIA

State

TX

Zip Code

77904-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964820

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ART NERHEIM

Mailing Address 2821 MCCRAYS MILL RD

City

SUMTER

State

SC

Zip Code

29154-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DYNCORP INTL.

Occupation

SUPPLY TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935758

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. NESHEIM

Mailing Address 2700 HIDDEN CREEK LANE

City

WAYZATA

State

MN

Zip Code

55391-2559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRECISION ARTS INC.

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941303

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1607 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. ROBERT L. NET

Mailing Address **F28 CALLE CALZADA**  
**URB EL REMANSO**

City State Zip Code  
**SAN JUAN PR 00926-6110**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932677

Amount of Each Receipt this Period

21.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. ROBERT L. NET

Mailing Address **F28 CALLE CALZADA**  
**URB EL REMANSO**

City State Zip Code  
**SAN JUAN PR 00926-6110**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937181

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. PHILIP R. NEUHAUS

Mailing Address **407 THAMER LN**  
**STE 2100**

City State Zip Code  
**HOUSTON TX 77024-6939**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WELLS FARGO ADVISOR

Occupation  
 SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951697

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1608 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HANS NEUMAIER

Mailing Address 31 WOODBURY PL

City

ROCHESTER

State

NY

Zip Code

14618-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951582

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEY NEUMANN

Mailing Address 18954 BEVERLY RD

City

BEVERLY HILLS

State

MI

Zip Code

48025-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918660

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BARNEY J. NEUSFELD

Mailing Address P.O. BOX 6103

City

CARMEL BY THE

State

CA

Zip Code

93921-6103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950558

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

265.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1609 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACQUELINE NEVITT

Mailing Address 6745 COLTON BLVD.

City

OAKLAND

State

CA

Zip Code

94611-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13962026

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD L. NEWACHECK

Mailing Address 819 MOUNTAIN VIEW DRIVE

City

LAFAYETTE

State

CA

Zip Code

94549-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13937934

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EDWARD J. NEWBERRY

Mailing Address 8214 HUNTING HILL LANE

City

MCLEAN

State

VA

Zip Code

22102-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATTON BOGGSOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957923

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2065.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1610 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. NEWBERRY

Mailing Address 21390 CHERI LN

City

BRISTOL

State

IN

Zip Code

46507-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955824

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CAROL NEWBROUGH

Mailing Address 3519 CINCO LAKES DR

City

KATY

State

TX

Zip Code

77450-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945744

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALTER NEWCOMB

Mailing Address 585 CHESTNUT ST APT 1203

City

ABINGTON

State

MA

Zip Code

02351-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936855

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

340.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1611 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHAN F. NEWHOUSE

Mailing Address 600 COCONUT PALM RD

City

VERO BEACH

State

FL

Zip Code

32963-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932244

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY D. NEWMAN

Mailing Address 10301 W STERLING CT

City

WICHITA

State

KS

Zip Code

67205-1566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRAD NEWMAN CONTRACTING

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962577

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CORBY D. NEWMAN

Mailing Address 1140 FLORENCE LN.

City

WILLMAR

State

MN

Zip Code

56201-3073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934126

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2615.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1612 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HOWARD NEWMAN

Mailing Address 1800 DEVON ROAD

City

PASADENA

State

CA

Zip Code

91103-1145

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932283

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARIE M. NEWMAN

Mailing Address 715 N 163RD ST

City

OMAHA

State

NE

Zip Code

68118-2507

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939723

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN W. NEWTON

Mailing Address ONE INDEPENDENT DR.  
SUITE 114

City

JACKSONVILLE

State

FL

Zip Code

32202-5039

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942498

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3101.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1613 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL NEWTON

Mailing Address 200 W. FORSYTH STREET  
SUITE 1600City State Zip Code  
JACKSONVILLE FL 32202-4358FEC ID number of contributing  
federal political committee.**C**Name of Employer  
TIMUCUAN ASSET MANAGEMENT

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942499

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE J. NEYREY, III

Mailing Address 1100 E. WILLIAM DAVID PKWY

City State Zip Code  
METAIRIE LA 70005-1639FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934646

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE J. NEYREY, III

Mailing Address 1100 E. WILLIAM DAVID PKWY

City State Zip Code  
METAIRIE LA 70005-1639FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935305

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1101.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1614 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
NGOINGO

Mailing Address 5815 88TH CRES N

City State Zip Code  
MINNEAPOLIS MN 55443-3980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940501

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CINDY NGUYEN

Mailing Address 11927 PALMETTO SHORE DR

City State Zip Code  
HOUSTON TX 77065-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948965

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
QUYEN NGUYEN

Mailing Address 1725 ROME AVE

City State Zip Code  
SAINT PAUL MN 55116-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940364

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1615 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

QUYEN NGUYEN

Mailing Address 1725 ROME AVE

City

SAINT PAUL

State

MN

Zip Code

55116-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940569

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DONNA JEANE NIBBELINK

Mailing Address 23034 PARKVIEW DRIVE

City

NEWHALL

State

CA

Zip Code

91321-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928411

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. YVONNE NIBERT

Mailing Address 1 HORIZON POINTE LANE

City

SALEM

State

SC

Zip Code

29676-4332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950521

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1616 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**CHARLIE NIBLETT**

Mailing Address **P.O. BOX 625**

City State Zip Code  
**ELDORADO TX 76936-0625**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936635

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. WHISMAN NICELEY**

Mailing Address **1216 OLD WEISGARVER ROAD**

City State Zip Code  
**KNOXVILLE TN 37909-2639**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13928267

Amount of Each Receipt this Period

70.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. EDWARD L. NICHOLSON**

Mailing Address **4051 DAVENPORT DR.**

City State Zip Code  
**HUNTINGTN BCH CA 92649-4223**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13930127

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

221.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1617 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GAYLORD NICHOLS**

Mailing Address **852 S OAKLAND AVE**

City State Zip Code  
**PASADENA CA 91106-3725**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928107

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN T. NICHOLS**

Mailing Address **12212 STONEYBROOK DR**

City State Zip Code  
**MANASSAS VA 20112-3504**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DBA/SYSTEMS, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
SCIENTIST

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 23 / 2010**

Transaction ID: SA11.13947656

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. KAREN NICHOLS**

Mailing Address **3802 S UNION RD**

City State Zip Code  
**SPOKANE VALLEY WA 99206-6335**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARVEST FOODS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
GROCERY CASHIER

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929554

Amount of Each Receipt this Period

**125.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1618 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. KENDALL E. NICHOLS**

Mailing Address **17081 300 ROAD**

City State Zip Code  
**SMITH CENTER KS 66967-6529**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13933562

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**LYNN M. NICHOLS**

Mailing Address **3902 E RANCHO DR**

City State Zip Code  
**PARADISE VALLEY AZ 85253-5025**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931577

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. RICHARD L. NICHOLAS**

Mailing Address **1129 DRYDEN LANE**

City State Zip Code  
**CHARLOTTESVILLE VA 22903-7673**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13932484

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1619 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. TERESA D. NICHOLS

Mailing Address 4022 DIABLO CIR

City State Zip Code  
HUNTINGTON BEACH CA 92649-3001FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947760

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
WILLIAM NICHOLS, JR.

Mailing Address 1028 BARKLEY DR.

City State Zip Code  
BIRMINGHAM AL 35242-4669FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KBR ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946564

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
WILLIAM NICHOLS, JR.

Mailing Address 1028 BARKLEY DR.

City State Zip Code  
BIRMINGHAM AL 35242-4669FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KBR ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958352

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

490.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1620 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM NICHOLS, JR.

Mailing Address 1028 BARKLEY DR.

City

BIRMINGHAM

State

AL

Zip Code

35242-4669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KBR ENGINEERING

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13972145

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. NICHOLS

Mailing Address 520 OAKLAND AVE

City

WILLIAMSPORT

State

PA

Zip Code

17701-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13965334

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BETTY NICOLAY

Mailing Address 29875 BRADMOOR CT

City

FARMINGTON HILLS

State

MI

Zip Code

48334-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943653

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

345.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1621 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. BOBBY NICOLLS**

Mailing Address **8689 SELLY RD**

City State Zip Code  
**PARKER CO 80134-5753**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**480.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931782

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MILDRED W. NIEHAUS**

Mailing Address **26 MCNISH RD**

City State Zip Code  
**SOUTHERN PINES NC 28387-2154**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**202.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933274

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. NIEHAUS**

Mailing Address **5933 HEADGATES RD.**

City State Zip Code  
**HAMILTON OH 45011-2054**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13932573

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**312.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1622 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS A. NIEHAUS

Mailing Address 5933 HEADGATES RD.

City

HAMILTON

State

OH

Zip Code

45011-2054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933446

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LELAND NIELSON

Mailing Address 19069 S PIONEER CROSSING LN

City

ESTACADA

State

OR

Zip Code

97023-9687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963008

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP R. NIELSEN

Mailing Address 200 DEWINDT ROAD

City

WINNETKA

State

IL

Zip Code

60093-3711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935496

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1623 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN H. NIEMEIER

Mailing Address 2619 TIMBER RIDGE DRIVE

City

TEMPLE

State

TX

Zip Code

76502-8804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BGFN, PCOccupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918867

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR M. NIERLING

Mailing Address 526 GLADIOLA STREET

City

GOLDEN

State

CO

Zip Code

80401-5255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944630

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANE NIERMAN

Mailing Address 6782 LEMPIRA CT.

City

HOUSTON

State

TX

Zip Code

77069-1764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHELL OIL CO.Occupation  
CONTRACTS MAR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943608

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

326.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1624 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. NANCY M. NILSSON

Mailing Address 805 FARLEY DR SE

City State Zip Code  
HUNTSVILLE AL 35802-3709FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971658

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. STIG L. NILSSON

Mailing Address 20715 BRUSH RD

City State Zip Code  
LOS GATOS CA 95033-9138FEC ID number of contributing  
federal political committee.**C**Name of Employer  
EXPONET INCOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956206

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. FRED NINDE

Mailing Address 3959 E 400 N

City State Zip Code  
PORTLAND IN 47371-7934FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933181

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

242.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1625 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. NINESTEEL

Mailing Address 1188 PINWOOD DR

City

PITTSBURGH

State

PA

Zip Code

15243-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TETRA TECH

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947734

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GENE A. NINNEMANN

Mailing Address 3164 CYMAR DR.

City

DAYTON

State

OH

Zip Code

45434-6373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943378

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. NITZ

Mailing Address 1053 E CROWN POINTE BLVD

City

GREENSBURG

State

IN

Zip Code

47240-7970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963254

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1626 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DEWAYNE NIX

Mailing Address 408 DUNDEE ST

City

VICTORIA

State

TX

Zip Code

77904-2875

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13938139

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN M. NOACK, M.D.

Mailing Address 5350 CASTLEWOOD ROAD

City

DALLAS

State

TX

Zip Code

75229-4313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951133

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES N. NOBLE

Mailing Address 312 S OCEAN TRACE RD.

City

ST AUGUSTINE

State

FL

Zip Code

32080-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932600

Amount of Each Receipt this Period

11.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

556.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1627 / 3187

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES N. NOBLE

Mailing Address 312 S OCEAN TRACE RD.

City

ST AUGUSTINE

State

FL

Zip Code

32080-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954217

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH E. NOBLES

Mailing Address 5566 E HINSDALE CIR

City

CENTENNIAL

State

CO

Zip Code

80122-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORACLE CORP.Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945359

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. NOBLITT

Mailing Address 754 CORTE ALHAMBRA

City

VACAVILLE

State

CA

Zip Code

95688-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957724

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1628 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. THEDA P. NOE**

Mailing Address **9912 GERONIMO DR**

City State Zip Code  
**NORMAN OK 73026-5918**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**881.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13959983

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. AGNES F. NOLAN**

Mailing Address **530 EAST 79TH STREET**

City State Zip Code  
**NEW YORK NY 10075-1501**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13961175

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DAVID NOLAN**

Mailing Address **105 EAST 80TH STREET**

City State Zip Code  
**NEW YORK NY 10075-0305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MILLENNIUM PARTNERS**

Occupation  
**FINANCE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13932428

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1400.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1629 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. JAMES M. NOLAN

Mailing Address **8820 WALTHER BLVD BLVD APT 451**  
**APARTMENT 4519**

City State Zip Code  
**PARKVILLE MD 21234-9025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID: SA11.13930196**

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. WILLIAM H. NOLAND

Mailing Address **215 AMHERST DR NE**

City State Zip Code  
**ALBUQUERQUE NM 87106-1304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**316.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID: SA11.13929840**

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. WILLIAM H. NOLAND

Mailing Address **215 AMHERST DR NE**

City State Zip Code  
**ALBUQUERQUE NM 87106-1304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**316.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID: SA11.13939242**

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**151.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1630 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM H. NOLAND**

Mailing Address **215 AMHERST DR NE**

City State Zip Code  
**ALBUQUERQUE NM 87106-1304**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13972823

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**FRANK NOLDEN**

Mailing Address **303 CHIMNEY ROCK ST.**

City State Zip Code  
**LUFKIN TX 75904-7580**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13940038

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**W. NIVEN NOLL**

Mailing Address **4691 WHISPERING PINES LANE**

City State Zip Code  
**LAS CRUCES NM 88007-4527**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13947617

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1631 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NORMA J. NOLT

Mailing Address 2271 S MADRONA DRIVE

City

PALM SPRINGS

State

CA

Zip Code

92264-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13967651

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES J. NOOE

Mailing Address 607 WASHINGTON ST

City

EDEN

State

NC

Zip Code

27288-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969234

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ABRAHAM NOORDERGRAAF

Mailing Address 620 HAYDOCK LN.

City

HAVERFORD

State

PA

Zip Code

19041-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U. OF PENNSYLVANIAOccupation  
PROFESSOR-BIOPHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13955211

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

126.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1632 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT NORDBY

Mailing Address 1360 N SANDBURG TER. APT. 2108

City

CHICAGO

State

IL

Zip Code

60610-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13964308

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CRAIG D. NORDENSON

Mailing Address 2901 OLDE COUNTRY LN.

City

DUBUQUE

State

IA

Zip Code

52001-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13931413

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JANE H. NORDLUND

Mailing Address 1255 GULF SHORE BLVD N

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946788

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

191.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1633 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. STEVEN L. NOREM**

Mailing Address **6476 TOWNLINE RD**

City State Zip Code  
**LAKE GENEVA WI 53147-4459**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13955762**

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. JUDITH NOREN**

Mailing Address **2030 KINSLEY ST. APT. E**

City State Zip Code  
**SANTA CRUZ CA 95062-3027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**206.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13933129**

Amount of Each Receipt this Period

**26.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD J. NORES**

Mailing Address **598 ARBOR STREET**

City State Zip Code  
**PASADENA CA 91105-1536**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1750.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13950437**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**316.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1634 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. PALMER NORLING**

Mailing Address **2100 4TH AVE SE**

City State Zip Code  
**WILLMAR MN 56201-3836**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951674

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**ROBERT NORLING**

Mailing Address **27 SEA TER.**

City State Zip Code  
**NEWPORT COAST CA 92657-1021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939301

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**JOHN F. NORRIS**

Mailing Address **145 EAST 81ST STREET  
 APT7B**

City State Zip Code  
**NEW YORK NY 10028-1869**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PIMCO**

Occupation  
**INVESTMENTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**460.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951494

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**360.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1635 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TERRY NORRIS

Mailing Address 502 E BEECH ST

City

SULLIVAN

State

IN

Zip Code

47882-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORRIS SCALE CO.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965170

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN NORTHRUP

Mailing Address 142 LANCASTER ST.

City

ALBANY

State

NY

Zip Code

12210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRANS WORLD ENTERTAINMENT

Occupation

WAREHOUSE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13929642

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. NORTON

Mailing Address 3020 SOUTH YORKTOWN

City

TULSA

State

OK

Zip Code

74114-5434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JIM NORTON AUTO DEALERSHIP

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13945241

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2680.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1636 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAY NORTON

Mailing Address 1414 KENT ST.

City

LUBBOCK

State

TX

Zip Code

79403-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTON ENERGY DRILLING

Occupation

DRILLING CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959139

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JIM NORVELL

Mailing Address 606 BOURNE PL

City

AUGUSTA

State

GA

Zip Code

30904-4358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN KEEGAN

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934766

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SANDRA NOTT

Mailing Address 555 HAYMARKET CV

City

MEMPHIS

State

TN

Zip Code

38120-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931657

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1637 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOROTHEA M. NOTTER

Mailing Address 3386 W FAIRWAY DRIVE

City

COEUR D ALENE

State

ID

Zip Code

83815-8071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972182

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY M. NOURSE

Mailing Address 41 RIVER RD

City

S DEERFIELD

State

MA

Zip Code

01373-9754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NURSE FARMS INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946940

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY M. NOURSE

Mailing Address 41 RIVER RD

City

S DEERFIELD

State

MA

Zip Code

01373-9754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NURSE FARMS INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949287

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1638 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. JERILYN W. NOVOSAD**

Mailing Address **4715 COUNTRY CLUB VIEW**

City State Zip Code  
**BAYTOWN TX 77521-3005**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13947123

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. GAIL B. NOWAK**

Mailing Address **2831 WOODCLIFF CIR SE**

City State Zip Code  
**GRAND RAPIDS MI 49506-3154**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13957711

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. GEORGE E. NOWOTNY**

Mailing Address **7209 SOUTH GARY PLACE**

City State Zip Code  
**TULSA OK 74136-5925**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13951117

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1639 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NORMAN M. NULL

Mailing Address 7 WARSEN AVE

City

WENTZVILLE

State

MO

Zip Code

63385-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934290

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LOIS J. NURRITO

Mailing Address 115 DIAMOND SKY DR

City

SEDONA

State

AZ

Zip Code

86351-7448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932674

Amount of Each Receipt this Period

16.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BONNIE J. NUTT

Mailing Address 9477 BARROW CT.

City

COLLEGE STA

State

TX

Zip Code

77845-3765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934007

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

142.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1640 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. ALBERTA G. NYCE

Mailing Address 3228 107TH ST SE

City State Zip Code  
EVERETT WA 98208-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964432

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. LLOYD G. NYGAARD

Mailing Address P.O. BOX 135

City State Zip Code  
COLUMBUS ND 58727-0135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966817

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. GLORIA A. NYHEIM

Mailing Address 116 MAIN STREET  
P.O. BOX 543 APARTMENT 223

City State Zip Code  
GRANTSVILLE MD 21536-1260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931085

Amount of Each Receipt this Period

36.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

196.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1641 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. GLORIA A. NYHEIM

Mailing Address 116 MAIN STREET

P.O. BOX 543 APARTMENT 223

City

GRANTSVILLE

State

MD

Zip Code

21536-1260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952484

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT ELMER NYSTROM

Mailing Address 887 SYCAMORE LN.

City

LANCASTER

State

TX

Zip Code

75146-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969287

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BILL O' CONNOR

Mailing Address 177 BLACK RIVER RD

City

STEPHENTOWN

State

NY

Zip Code

12169-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928747

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1642 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. O'CONNOR

Mailing Address 708 PEAKE'S POINT DRIVE

City

GULF BREEZE

State

FL

Zip Code

32561-4127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965639

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CECIL O'BRATE

Mailing Address P.O. BOX 399

City

GARDEN CITY

State

KS

Zip Code

67846-0399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALMER MFG. & TANK INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941881

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT O'BRYAN

Mailing Address 44450 THOMAS COURT

City

BEAUMONT

State

TX

Zip Code

77706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951480

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1643 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TOMMIE G. O'DONOGHUE

Mailing Address 18345 DEEP FOREST AVE

City

BATON ROUGE

State

LA

Zip Code

70817-8924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOWER PRODUCTS

Occupation

MANAGER/SALESMEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941849

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. O'FERRALL, JR.

Mailing Address P.O. BOX 297

City

MENTONE

State

AL

Zip Code

35984-0297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CAMP DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13960769

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DUANE O'HARA

Mailing Address 9110 TIFFANY DR

City

CUTLER BAY

State

FL

Zip Code

33157-7938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959171

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1644 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MS. PATRICIA O'NEAL

Mailing Address PO BOX 4660

City

FORT WORTH

State

TX

Zip Code

76164-0660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O'NEAL DRILLING CO.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13959415

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

M CHARLES O'REILLY

Mailing Address 5200 SEASCAPE LANE

City

PLANO

State

TX

Zip Code

75093-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965569

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CHARLIE O'ROURKE

Mailing Address 2 BEACON HILL LANE

City

GREENWOOD VILLAGE

State

CO

Zip Code

80111-5239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORE VENTURESOccupation  
BUSINESS AND TECHNOLOGY CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13918872

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1645 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. GREGORY O'SHAUGHNESSY**

Mailing Address **401 9TH STREET, NW  
 SUITE 900**

City State Zip Code  
**WASHINGTON DC 20004-2145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NIXON & PEABODY**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 10 / 2010**

Transaction ID: SA11.13968706

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. RUSSELL A. OASIS**

Mailing Address **1172 SOUTH DIXIE HIGHWAY #413**

City State Zip Code  
**CORAL GABLES FL 33146-2918**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OASIS GROUP**

Occupation  
**RADIO BROADCASTING**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**6000.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13951152

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. YVONNE B. OBENCHAIN**

Mailing Address **4677 S VERSAILLES AVE**

City State Zip Code  
**DALLAS TX 75209-6017**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**281.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930267

Amount of Each Receipt this Period

**121.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1371.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1646 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. VICTOR L. OBERHAU

Mailing Address 125 ANDOVER PL

City

DANVILLE

State

VA

Zip Code

24541-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935674

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. VICTOR L. OBERHAU

Mailing Address 125 ANDOVER PL

City

DANVILLE

State

VA

Zip Code

24541-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963374

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAUREEN OBRIEN

Mailing Address 38 CAVENDISH CIR.

City

SALEM

State

MA

Zip Code

01970-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939222

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

151.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1647 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY A. OBRYAN

Mailing Address 22721 320TH. ST.

City

BAGLEY

State

MN

Zip Code

56621-4145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964987

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL OBST

Mailing Address 1520 N ALAMO RD

City

ALAMO

State

TX

Zip Code

78516-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936541

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALVIN G. OCHS

Mailing Address 7716 S MCMARTIN AVE

City

SIOUX FALLS

State

SD

Zip Code

57108-6205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946260

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

91.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1648 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
CYNTHIA R. OCONNOR

Mailing Address 1222 STUART ROBESON DR

City State Zip Code  
MC LEAN VA 22101-2967FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EJF CAPITAL LLCOccupation  
ASSET MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940600

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. JOSEPH W. ODELLMailing Address 19365 CYPRESS RIDGE TER  
UNIT 407City State Zip Code  
LEESBURG VA 20176-8433FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938678

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
RAY P. ODEN, JR.

Mailing Address 702 THORA BLVD.

City State Zip Code  
SHREVEPORT LA 71106-1824FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956722

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

5225.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1649 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAY P. ODEN, JR.

Mailing Address 702 THORA BLVD

City

SHREVEPORT

State

LA

Zip Code

71106-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13973013

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. TAL ODEN

Mailing Address 11809 CENTURY DR

City

OKLAHOMA CITY

State

OK

Zip Code

73162-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OKLA OUTREACH FOUNDATIONOccupation  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931897

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES A. ODOM, JR.

Mailing Address 1411 WANDA LN.

City

HARRISBURG

State

PA

Zip Code

17109-5543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944745

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1650 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY A. OECHSLER

Mailing Address 538 OAKMONT DR

City

ORANGE PARK

State

FL

Zip Code

32073-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935269

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LYNDIA P. OGDEN

Mailing Address 8 RIVER LN

City

SACO

State

ME

Zip Code

04072-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942584

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT S. OGDEN

Mailing Address 5411 OSPREY CT

City

SANIBEL

State

FL

Zip Code

33957-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946726

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

181.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1651 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WALKER H. OGDEN

Mailing Address P.O. BOX 4450

City

PINEVILLE

State

LA

Zip Code

71361-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLAMETTE VALLEY CO

Occupation

UP WILLIAM HE VALLEY CO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932929

Amount of Each Receipt this Period

61.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DORIS G. OGLESBY

Mailing Address 7412 AVALON DRIVE

City

FORT WAYNE

State

IN

Zip Code

46819-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943884

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. OGORCHOCK

Mailing Address 13930 SHELTER MANOR DR

City

HAYMARKET

State

VA

Zip Code

20169-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DSG

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959844

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

162.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1652 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LISELETTE OHLIG

Mailing Address 401 MORNING STAR LN

City

NEWPORT BEACH

State

CA

Zip Code

92660-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918658

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAN OJA

Mailing Address P.M.B. 146

City

ST. THOMAS

State

VI

Zip Code

00802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PROGRAMMER/AUTHOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945584

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN OJENA

Mailing Address 1182 SANTA LUCIA DR.

City

PITTSBURG

State

CA

Zip Code

94565-7615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939999

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1653 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DR. RICHARD OLAUGHLIN

Mailing Address 45 CYPRESS LN

City State Zip Code  
WEST CREEK NJ 08092-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMI

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928861

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DR. RICHARD OLAUGHLIN

Mailing Address 45 CYPRESS LN

City State Zip Code  
WEST CREEK NJ 08092-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMI

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931481

Amount of Each Receipt this Period

750.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MICHAEL C. OLCOTT

Mailing Address P.O. BOX 330427

City State Zip Code  
ARGYLE TX 76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965561

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1654 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT OLEARY

Mailing Address 691 WEST CONWAY DRIVE

City

ATLANTA

State

GA

Zip Code

30327-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957904

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT C. OLEARY

Mailing Address 691 W CONWAY DR. NW

City

ATLANTA

State

GA

Zip Code

30327-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944668

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS M. OLEARY

Mailing Address 415 N SHEPHERD HILL LN.

City

MCHENRY

State

IL

Zip Code

60050-6111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEPPER CONSTRUCTION GROUPOccupation  
ATTORNEY/CORPORATE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940441

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1655 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOYCE OLMSTEAD

Mailing Address 3000 UPPER RIVER ROAD

City

GOLD HILL

State

OR

Zip Code

97525-9725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946341

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILL OLSON

Mailing Address 32 14TH STREET, NE

City

WASHINGTON

State

DC

Zip Code

20002-8437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIO

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959393

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE W. OLSON

Mailing Address 5206 W 80TH TERRACE

City

PRAIRIE VILLAGE

State

KS

Zip Code

66208-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942915

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1656 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GERALD G. OLSON

Mailing Address 79035 VIA CORTA

City

LA QUINTA

State

CA

Zip Code

92253-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941179

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH P. OLSON

Mailing Address 507 HOFFMAN ST

City

ATHENS

State

AL

Zip Code

35611-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATHENS BIBLE SCHOOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	1	0

Transaction ID: SA11.13967702

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. R. CRAIG OLSON

Mailing Address 6306 HUNTOVER LANE

City

NORTH BETHESDA

State

MD

Zip Code

20852-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OARI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PUBLISHER

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951429

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

710.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1657 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. OLSON

Mailing Address 4249 COUNTY RD 309A

City

IGNACIO

State

CO

Zip Code

81137-9134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941305

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. OLSON

Mailing Address 4249 COUNTY RD 309A

City

IGNACIO

State

CO

Zip Code

81137-9134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941422

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SANDRA M. OLSSON

Mailing Address 9023 HUNTERS WAY

City

LITTLETON

State

CO

Zip Code

80129-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942539

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

301.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1658 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RUSS OMARA

Mailing Address 530 SUNNYCOVE HEIGHTS RD.

City

WICKENBURG

State

AZ

Zip Code

85390-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952532

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. STORMIE OMARTIAN

Mailing Address 1053 VAUGHN CREST DRIVE

City

FRANKLIN

State

TN

Zip Code

37069-7212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

WRITER

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13961206

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LINDA ONDRIEZEK

Mailing Address 2400 ROCKY POINT RD.

City

MALABAR

State

FL

Zip Code

32950-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918710

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1659 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS ONEAL

Mailing Address 4177 HWY. 38 S

City

BLENHEIM

State

SC

Zip Code

29516-6535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949723

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL W. ONESTI

Mailing Address S9385 VON WALD ROAD

City

PRAIRIE DU SAC

State

WI

Zip Code

53578-9780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966917

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WAYNE OPLAND

Mailing Address 6318 RIVER PLACE BLVD

City

AUSTIN

State

TX

Zip Code

78730-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948184

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

185.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1660 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. EDWARD BELZ OPPERMANNMailing Address 2151 GREEN OAKS RD. APT. 4400  
APARTMENT 4400City State Zip Code  
FORT WORTH TX 76116-1748FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930281

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
FATEMEH M. ORANDI

Mailing Address 3732 W HURLEY CT.

City State Zip Code  
VISALIA CA 93291-4161FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954246

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. JOSEPH B. ORGAN, JR.

Mailing Address 1213 PARK AVENUE

City State Zip Code  
RIVER FOREST IL 60305-1019FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MAYER BROWNOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945300

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1661 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH B. ORGAN, JR.

Mailing Address 1213 PARK AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYER BROWNOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13955660

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH B. ORGAN, JR.

Mailing Address 1213 PARK AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYER BROWNOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13957634

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH B. ORGAN, JR.

Mailing Address 1213 PARK AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYER BROWNOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	1	0

Transaction ID: SA11.13960660

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1662 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH B. ORGAN, JR.

Mailing Address 1213 PARK AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYER BROWN

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965475

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ROSLYN ORLIN

Mailing Address 2 WINDSOR DR

City

OLD WESTBURY

State

NY

Zip Code

11568-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931633

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CURTIS B. ORLOFF

Mailing Address 1121 CAMELLIA BLVD.  
UNIT 301

City

LAFAYETTE

State

LA

Zip Code

70508-6053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALIBURTON

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960802

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1663 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHEL J. ORRADRE

Mailing Address 67100 SARGENT CANYON ROAD

City

SAN ARDO

State

CA

Zip Code

93450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947127

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD ORRISON

Mailing Address 2803 GRANDVIEW DR

City

MIDDLETOWN

State

MD

Zip Code

21769-8120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOOD PRO CORP

Occupation  
SALES CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939464

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE M. ORTIVEZ

Mailing Address 6049 J D JOHNSON RD.

City

PEYTON

State

CO

Zip Code

80831-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSC

Occupation  
PLUMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958269

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1664 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARTURO R. ORTIZ

Mailing Address 6416 SILVER MESA DRIVE  
UNIT C

City	State	Zip Code
LITTLETON	CO	80130-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT. OF DEFENSEOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943387

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARYGINA ORTIZ

Mailing Address 188 STEADWELL RD

City	State	Zip Code
AMSTERDAM	NY	12010-7507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13959105

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HAX ORUP

Mailing Address PO BOX 35584

City	State	Zip Code
LOS GATOS	CA	95030-0584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928074

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1665 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOAN D. OSBORNE

Mailing Address 128 KAAPUNI DRIVE

City

KAILUA

State

HI

Zip Code

96734-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956238

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAVID L. OSMENT

Mailing Address 1350 NOBLE HERON WAY

City

NAPLES

State

FL

Zip Code

34105-2791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918878

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RICHARD C. OSTRUP

Mailing Address 2100 5TH AVE STE 200

City

SAN DIEGO

State

CA

Zip Code

92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEUROSURGICAL MEDICAL CLI-  
NIC, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13962553

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1666 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LOUIS D. OSWALD

Mailing Address 1005 W 10 RD

City

AURORA

State

NE

Zip Code

68818-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958669

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WESLEY OTIS

Mailing Address 388 HORACE MILLS RD

City

SANFORD

State

ME

Zip Code

04073-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949690

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ARDITH OTT

Mailing Address 1226 N SHEFFORD ST

City

WICHITA

State

KS

Zip Code

67212-5667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935677

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1667 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DOYLE OTTARSON**

Mailing Address **11862 ALPINE DR SW**

City State Zip Code  
**PORT ORCHARD WA 98367-9264**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: **SA11.13930649**

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. JOAN OTTAVIO**

Mailing Address **1821 SAN FRANCISCO**

City State Zip Code  
**SAN ANTONIO TX 78201-4339**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**477.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: **SA11.13931670**

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**RICHARD C. OTTO**

Mailing Address **7903 GRENOBLE LANE**

City State Zip Code  
**PROSPECT KY 40059-8415**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: **SA11.13933948**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**200.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1668 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WM A. OUGHTERSON

Mailing Address 1701 SW CAPRI ST APT 112  
APT 112

City	State	Zip Code
PALM CITY	FL	34990-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965597

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. OVERSTREET

Mailing Address 1437 E 332ND ST

City	State	Zip Code
EASTLAKE	OH	44095-3461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966872

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. OVERSTREET

Mailing Address 250 E ALAMEDA APT 818  
APT. 818

City	State	Zip Code
SANTA FE	NM	87501-6209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13947102

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1669 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. RITA OVERTON**

Mailing Address **12901 CATALINA ST.**

City State Zip Code  
**LEAWOOD KS 66209-2390**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FINANCIAL PROFESSIONALS**

Occupation  
**OFFICE MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953036

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. OLE OVSTEGARD**

Mailing Address **4424 SIMSBURY RD  
APT J**

City State Zip Code  
**CHARLOTTE NC 28226-4012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960164

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**BONITA OWEN**

Mailing Address **104 STUART DR.**

City State Zip Code  
**HENDERSONVILLE TN 37075-4318**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938587

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**325.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1670 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. SUE C. OWEN**

Mailing Address **135 COUNTY ROAD 3170**

City State Zip Code  
**DECATUR TX 76234-4832**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SUE**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13971645

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. JAMES W. OWENS**

Mailing Address **2701 NORTH WEST 59TH STREET**

City State Zip Code  
**OKLAHOMA CITY OK 73112-7025**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PETROLEUM ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13945240

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. JOHN F. OWENS**

Mailing Address **19375 CYPRESS RIDGE TER UNIT 6**

City State Zip Code  
**LEESBURG VA 20176**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 7 / 2 0 1 0**

Transaction ID: SA11.13969887

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1671 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES L. OWNBEY

Mailing Address 3615 19TH ST

City

LUBBOCK

State

TX

Zip Code

79410-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928936

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN OXLEY

Mailing Address 5100 WESTHEIMER ROAD  
SUITE 390

City

HOUSTON

State

TX

Zip Code

77056-5598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGHLAND OIL AND GAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
CEO

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928415

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ISTVAN OZSVATH

Mailing Address 414 FALL CREEK DR

City

RICHARDSON

State

TX

Zip Code

75080-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PROFESSOR

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941478

Amount of Each Receipt this Period

11.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2811.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 1672 / 3187**  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH G. PACAUD**

Mailing Address **5501 TIMMONS AVE**

City State Zip Code  
**MEMPHIS TN 38119-6971**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**405.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13948113**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**LAWRENCE T. PACE**

Mailing Address **2730 CHESTERTON RD**

City State Zip Code  
**SHAKER HEIGHTS OH 44122-1805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**10 / 29 / 2010**

**Transaction ID: SA11.13959088**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MAX A. PACHAR, SR.**

Mailing Address **2516 COUNTRY CLUB DRIVE**

City State Zip Code  
**ORANGE TX 77630-2139**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13953142**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1673 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. PACKARD

Mailing Address 1628 AMHURST WAY

City

BOURBONNAIS

State

IL

Zip Code

60914-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940462

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. PACKARD

Mailing Address 1628 AMHURST WAY

City

BOURBONNAIS

State

IL

Zip Code

60914-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944995

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BERNICE PADILLA

Mailing Address 515 N BROADMOOR AVE

City

WICHITA

State

KS

Zip Code

67206-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937117

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1674 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. BERNICE PADILLA**

Mailing Address **515 N BROADMOOR AVE**

City State Zip Code  
**WICHITA KS 67206-1601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1005.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953320

Amount of Each Receipt this Period

**105.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. ANNETTA C. PAGE**

Mailing Address **800 WOODLANE ST**

City State Zip Code  
**PARAGOULD AR 72450-4837**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**800.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948858

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**C O. PAGE**

Mailing Address **2027 254TH. ST. NW**

City State Zip Code  
**STANWOOD WA 98292-9280**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939064

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**406.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1675 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. DANIEL B. PAGE

Mailing Address 3107 JUNEGRASS CT

City State Zip Code  
**HUMBLE TX 77345-5431**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CONTINENTAL AIRLINES

Occupation  
 AIRLINE PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955873

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. JASON PAGE

Mailing Address 1534 FAIRVIEW ST

City State Zip Code  
**HOUSTON TX 77006-1814**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AMEREX ENERGY

Occupation  
 FREIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959320

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MAXINE PAGE

Mailing Address 6244 INDIAN PATH

City State Zip Code  
**SAN ANGELO TX 76901-4914**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969512

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1676 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. PAGE

Mailing Address 246 LOCKA DR.

City

JUPITER

State

FL

Zip Code

33458-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936289

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE SUZANNE PAINE

Mailing Address 912 N CHAUNCEY AVENUE

City

WEST LAFAYETTE

State

IN

Zip Code

47906-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PRIVATE VOICE TEACHER/CHOREOGRAPHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955801

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES L. PAISLEY

Mailing Address 11937 KIOWA AVE APT. 7

City

LOS ANGELES

State

CA

Zip Code

90049-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935518

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1677 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERIC PALEY

Mailing Address 401 9TH STREET, NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20004-2145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NIXON & PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968684

Amount of Each Receipt this Period

589.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LESLIE T. PALLONE

Mailing Address 655 BRADYS RIDGE RD

City State Zip Code  
BEAVER PA 15009-9213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934829

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RUDOLPH E. PALLUCK

Mailing Address 13968 EATON DR.

City State Zip Code  
PLYMOUTH MI 48170-2402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954419

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

764.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1678 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JACK PALMER

Mailing Address P.O. BOX 376

City

LAKESIDE

State

MT

Zip Code

59922-0376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956582

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LINDA J. PALMER

Mailing Address 4800 WHISPERING PINE WAY

City

NAPLES

State

FL

Zip Code

34103-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961603

Amount of Each Receipt this Period

251.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED PALMER

Mailing Address 207 SIR ARTHUR CT

City

SAN ANTONIO

State

TX

Zip Code

78213-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13967884

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

651.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1679 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NEIL H. PALMER

Mailing Address 890 ELM GROVE RD STE 100

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEIL PALMER 7 ASSOCIATES,  
LLC

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13947840

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOAN PALMOWSKI

Mailing Address 2733 W LAKE RD

City

CAZENOVIA

State

NY

Zip Code

13035-9823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936741

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FELICITY PANAS

Mailing Address 199 MILLERTON RD

City

LAKEVILLE

State

CT

Zip Code

06039-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEROLD PANAS LINZEY PARTN

Occupation

FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13928880

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

126.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1680 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CHARLES W. PANCHARI

Mailing Address 2641 EDEN PL

City

BEVERLY HILLS

State

CA

Zip Code

90210-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLENVIEW PATH GRP

Occupation

PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935519

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN PANIAN

Mailing Address 99 LUPINE WAY

City

GOLDEN

State

CO

Zip Code

80401-5023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEISER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949748

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THURL P. PANKEY

Mailing Address 2276 MACKENZIE WAY

City

YUBA CITY

State

CA

Zip Code

95991-8330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931904

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1681 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

S J. PANNUTY

Mailing Address 259 CHESWICK DRIVE

City

MARTINSBURG

State

WV

Zip Code

25403-7525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13948681

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW PANOS

Mailing Address 28 BIRCH ST

City

DERRY

State

NH

Zip Code

03038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PANO & PANOS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931555

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JUDY PANTON

Mailing Address 15942 AVENIDA CALMA

City

RANCHO SANTA FE

State

CA

Zip Code

92091-4154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966821

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1682 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VICTOR W. PAOUNOFF

Mailing Address NEW SWEDEN ROAD

City

WOODSTOCK

State

CT

Zip Code

06281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938384

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERIC J. PAPALINI

Mailing Address 7575 DR. PHILLIPS BLVD.  
STE. 390

City

ORLANDO

State

FL

Zip Code

32819-7260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RESOURCE MORTGAGE CORPORA-  
TION

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959050

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK A. PAPALE, JR.

Mailing Address 26 GALE ROAD

City

HAMPTON

State

NH

Zip Code

03842-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953223

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1683 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. FORREST PAPE**

Mailing Address **4414 TOLEDO BEND DR**

City State Zip Code  
**RICHMOND TX 77406-7949**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MUSTANG ENGINEERS AND CON-  
 STRUCTORS LP**

Occupation  
**PROJECT MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**725.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13951443**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. RAQUEL C. PAREDES**

Mailing Address **P.O. BOX 428**

City State Zip Code  
**POUGHQUAG NY 12570-0428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**580.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13955921**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH F. PARELLA, JR.**

Mailing Address **12 BRYAN AVENUE**

City State Zip Code  
**MALVERN PA 19355-3076**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**11 / 18 / 2010**

**Transaction ID: SA11.13971195**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1684 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GUY K. L. PARIS

Mailing Address 11 DRIFTWOOD ROAD

City

MARBLEHEAD

State

MA

Zip Code

01945-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934066

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRYAN M. PARK

Mailing Address 13906 SW 216TH ST

City

VASHON

State

WA

Zip Code

98070-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACIFIC NORTHERN CONSTRUCTION COMPANY, I

Occupation  
HOUSING DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955013

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHANG S. PARK

Mailing Address 200 OLD PALISADE RD. APT. 1E

City

FORT LEE

State

NJ

Zip Code

07024-7057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948611

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1190.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1685 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. NORBERT H. PARK**

Mailing Address **2014 SKYLINE DR.**

City State Zip Code  
**MARSHALLTOWN IA 50158-5135**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**11 / 22 / 2010**

**Transaction ID: SA11.13973178**

Amount of Each Receipt this Period

**45.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN C. PARKER, JR.**

Mailing Address **P.O. BOX 357**

City State Zip Code  
**PATRICK SC 29584-0357**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**504.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13934834**

Amount of Each Receipt this Period

**102.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**JUDY PARKER**

Mailing Address **200 N PICKETT ST. APT. 1102**

City State Zip Code  
**ALEXANDRIA VA 22304-2118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13958393**

Amount of Each Receipt this Period

**150.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**297.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1686 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL PARKER

Mailing Address 8862 ARCDIA AVE

City

SAN GABRIEL

State

CA

Zip Code

91775-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963932

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE K. PARKMAN

Mailing Address P.O. BOX 2029

City

RUSTON

State

LA

Zip Code

71273-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARKLA TAYLOR INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935056

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. PARKS

Mailing Address P.O. BOX 30240

City

EDMOND

State

OK

Zip Code

73003-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL AND GAS EXPLORATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934633

Amount of Each Receipt this Period

563.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

813.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1687 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES L. PARKS**

Mailing Address **P.O. BOX 30240**

City State Zip Code  
**EDMOND OK 73003-0004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL AND GAS EXPLORATIONS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**654.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13936600**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**NELLE PARKS**

Mailing Address **886 MERRYHILL RANCH RD.**

City State Zip Code  
**SENATOBIA MS 38668-6444**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941441**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**NELLE PARKS**

Mailing Address **886 MERRYHILL RANCH RD.**

City State Zip Code  
**SENATOBIA MS 38668-6444**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13955808**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**151.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1688 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDUARDO PARRA

Mailing Address 2512 ARTESIA BLVD  
STE 310A

City State Zip Code  
REDONDO BEACH CA 90278-3269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTH BAY COMPANIES GROUP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964649

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. PARROTT

Mailing Address 31 HOSMER ROAD

City State Zip Code  
CONCORD MA 01742-2234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951375

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. F. D. PARROTT

Mailing Address 42 W MONTGOMERY XRD.

City State Zip Code  
SAVANNAH GA 31406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE PARRATT

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962583

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1689 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERIC F. PARSONS

Mailing Address 1203 W 4TH STREET APT 635

City

TAHLEQUAH

State

OK

Zip Code

74464-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946558

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERIC F. PARSONS

Mailing Address 1203 W 4TH STREET APT 635

City

TAHLEQUAH

State

OK

Zip Code

74464-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958487

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERIC F. PARSONS

Mailing Address 1203 W 4TH STREET APT 635

City

TAHLEQUAH

State

OK

Zip Code

74464-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964140

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1690 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. ERIC F. PARSONS

Mailing Address 1203 W 4TH STREET APT 635

City State Zip Code  
**TAHLEQUAH OK 74464-5021**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972956

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MRS. JEANNE HOUGH PARSONS

Mailing Address 222 CEDAR CLUB CIR

City State Zip Code  
**CHAPEL HILL NC 27517-7212**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HOMEMAKER

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971245

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 TERRY PARSONS

Mailing Address 16 CHERRYWOOD RD

City State Zip Code  
**LOCUST VALLEY NY 11560-2411**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945604

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1691 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM B. PARSONS

Mailing Address 222 CEDAR CLUB CIR.

City

CHAPEL HILL

State

NC

Zip Code

27517-7212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947231

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. PARSON

Mailing Address 74172 N LEWISTON RD

City

KENTWOOD

State

LA

Zip Code

70444-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935464

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANDREA PARTEARROYO

Mailing Address 601 W 57TH ST

City

NEW YORK

State

NY

Zip Code

10019-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONKEY BAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHEF

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955670

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

181.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1692 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANDREA PARTEARROYO

Mailing Address 601 W 57TH ST

City

NEW YORK

State

NY

Zip Code

10019-1063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MONKEY BAR

Occupation  
CHEF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970961

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN PARTIGAN

Mailing Address 401 9TH STREET, NW  
 SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NIXON & PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968685

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

STANLEY PARZEN

Mailing Address 1104 MICHIGAN AVENUE

City

EVANSTON

State

IL

Zip Code

60202-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAYER BROWN LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947661

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1693 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

UGO G. PASCARELLA

Mailing Address 10570 DRAPER AVE

City

LOS ANGELES

State

CA

Zip Code

90064-4410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UGP INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13942504

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GEORGIA T. PASCHALL

Mailing Address 1054 FOXCROFT RD NW

City

ATLANTA

State

GA

Zip Code

30327-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13957638

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERNEST E. PATE

Mailing Address 888 LEE ROAD 401

City

OPELIKA

State

AL

Zip Code

36804-0116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961684

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1694 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NATVERLAL M. PATEL

Mailing Address 2019 B NELSON AVE.,

City

REDONDO BEACH

State

CA

Zip Code

90278-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA

Occupation  
AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945304

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NATVERLAL M. PATEL

Mailing Address 2019 B NELSON AVE.,

City

REDONDO BEACH

State

CA

Zip Code

90278-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA

Occupation  
AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958221

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RAM L. PATEL

Mailing Address 12735 SHERY LN

City

SOUTHGATE

State

MI

Zip Code

48195-2383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FORD MOTOR CO

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961527

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1695 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
ROBERT PATEY

Mailing Address 7500 N CALLE SIN ENVIDIA APT.

City State Zip Code  
TUCSON AZ 85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930294

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
ROBERT PATEY

Mailing Address 7500 N CALLE SIN ENVIDIA APT.

City State Zip Code  
TUCSON AZ 85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13943074

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
ROBERT PATEY

Mailing Address 7500 N CALLE SIN ENVIDIA APT.

City State Zip Code  
TUCSON AZ 85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954216

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1696 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NEERU PATHEPURAM

Mailing Address 22710 OATLANDS GROVE PL

City

ASHBURN

State

VA

Zip Code

20148-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928338

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH E. PATRICK

Mailing Address 90 NAVARRE

City

IRVINE

State

CA

Zip Code

92612-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLUOR CORPORATION

Occupation

ACCOUNTANT/AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957322

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. PATRICK

Mailing Address 120 HOLMES AVE NE  
SUITE 303

City

HUNTSVILLE

State

AL

Zip Code

35801-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957743

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1697 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GERTRUD PATTERSON

Mailing Address 21314 N 80TH. LN.

City

PEORIA

State

AZ

Zip Code

85382-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946273

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GERTRUD PATTERSON

Mailing Address 21314 N 80TH. LN.

City

PEORIA

State

AZ

Zip Code

85382-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948820

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GERTRUD PATTERSON

Mailing Address 21314 N 80TH. LN.

City

PEORIA

State

AZ

Zip Code

85382-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951020

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1698 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA S. PATTERSON

Mailing Address 907 IRONWOOD DR

City

HENDERSON

State

KY

Zip Code

42420-4866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MATER DEI PROYENTIALATE

Occupation  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953794

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PAULA A. PATTERSON

Mailing Address 679 MONTGOMERY RD

City

WESTFIELD

State

MA

Zip Code

01085-1084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
AN DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929088

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROBERTA L. PATTERSON

Mailing Address 19 ELIZABETH CIRCLE

City

GREENBRAE

State

CA

Zip Code

94904-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959096

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

331.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1699 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM PATTEN

Mailing Address 10205 STEAMBOAT LANDING LN

City

BURKE

State

VA

Zip Code

22015-2541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931891

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD D. PATTILLO

Mailing Address 406 TURQUOISE ST.

City

KINGMAN

State

AZ

Zip Code

86401-5564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931712

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILL PATTON

Mailing Address 3402 NORTH ST.

City

NACOGDOCHES

State

TX

Zip Code

75965-2691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLCOM

Occupation  
RETAILER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966758

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1370.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1700 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LINDEN E. PATTON

Mailing Address 11311 COROBON LN

City

GREAT FALLS

State

VA

Zip Code

22066-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951522

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW PAUL

Mailing Address 283 PONDFIELD ROAD

City

BRONXVILLE

State

NY

Zip Code

10708-4936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENHANCED CAPITAL PARTNERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FOUNDER AND MANAGING PARTNER

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961231

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DANIEL PAUL

Mailing Address 103 WAVERLY PL

City

NEW YORK

State

NY

Zip Code

10011-9110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WASHINGTON SQUARE HOTEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOSPITALITY

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940960

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

30680.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1701 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EMMANUEL M. PAUL

Mailing Address 4851 43RD ST

City

WOODSIDE

State

NY

Zip Code

11377-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933337

Amount of Each Receipt this Period

16.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EMMANUEL M. PAUL

Mailing Address 4851 43RD ST

City

WOODSIDE

State

NY

Zip Code

11377-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969155

Amount of Each Receipt this Period

16.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KURT J. PAULEY

Mailing Address 3767 160TH ST

City

FARRAGUT

State

IA

Zip Code

51639-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CLAIMS ADJUSTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951441

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

132.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1702 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MISS BERNICE PAULSEN

Mailing Address 9534 STATE ROUTE 141 S

City State Zip Code  
MORGANFIELD KY 42437-6952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929337

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
WILLIAM PAULS

Mailing Address 6303 MORI STREET

City State Zip Code  
MCLEAN VA 22101-3153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUTHERLAND ASBILL AND BRE-  
NNAN LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928802

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. BOBBIE N. PAUSTIAN

Mailing Address 1305 7TH AVE

City State Zip Code  
MOLINE IL 61265-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANEZ FLORIST

Occupation  
FLORIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931992

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1703 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BOBBIE N. PAUSTIAN

Mailing Address 1305 7TH AVE

City

MOLINE

State

IL

Zip Code

61265-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANEEZ FLORIST

Occupation  
FLORIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940921

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANA PAVLOVSKY

Mailing Address 26 BLACK BEAR LN

City

LITTLETON

State

CO

Zip Code

80127-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGH-TEK TUBE CORP

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941960

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD P. PAWLEY, III

Mailing Address 5018 SW 72ND. AVE

City

MIAMI

State

FL

Zip Code

33155-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948318

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1704 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD P. PAWLEY, III

Mailing Address 5018 SW 72ND. AVE

City

MIAMI

State

FL

Zip Code

33155-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962880

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON S. PAYNE

Mailing Address 12525 N PENNSYLVANIA AVE. APT.

City

OKLAHOMA CITY

State

OK

Zip Code

73120-9443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954359

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HELEN B. PAYNE

Mailing Address 5131 SANDYFIELDS LN

City

KATY

State

TX

Zip Code

77494-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938462

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1705 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN B. PAYNE

Mailing Address 5131 SANDYFIELDS LN

City

KATY

State

TX

Zip Code

77494-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938463

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NYLA R. PAYNE

Mailing Address 7250 POPLAR STREET  
APARTMENT 124

City

BOISE

State

ID

Zip Code

83704-7366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941730

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PAULA PAYNE

Mailing Address P.O. BOX 62681

City

COLORADO SPRINGS

State

CO

Zip Code

80962-2681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13927993

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

326.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1706 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TOMMY PAYNE

Mailing Address 300 BURFORD RD

City

BRUNSWICK

State

GA

Zip Code

31523-6262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928794

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. PAYSON

Mailing Address 11870 SE DIXIE HWY

City

HOBE SOUND

State

FL

Zip Code

33455-5456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
ART DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931483

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHNNY F. PEARCE

Mailing Address 271 PEARCE RD

City

FRIERSON

State

LA

Zip Code

71027-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960762

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1707 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. ROCHELLE PEARL

Mailing Address 5 WHISPERING OAKS DR.

City State Zip Code  
NEW ORLEANS LA 70123-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954034

Amount of Each Receipt this Period

36.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. MARY PEARNE

Mailing Address P.O. BOX 35504

City State Zip Code  
MONTE SERENO CA 95030-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947745

Amount of Each Receipt this Period

330.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. NORMAN L. PEAVY

Mailing Address 5326 WHITMORE STREET

City State Zip Code  
FULSHEAR TX 77441-4135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959949

Amount of Each Receipt this Period

151.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

517.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1708 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ARLEEN A. PECK**

Mailing Address **2002 WILLOW POND DR**

City State Zip Code  
**RIVERHEAD NY 11901-7221**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**410.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950863

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY PECK**

Mailing Address **1401 DIETRICH OAKS DR**

City State Zip Code  
**BALLWIN MO 63021-8011**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13928950

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**RALPH PECK**

Mailing Address **333 - 11TH ST**

City State Zip Code  
**DEL MAR CA 92014-2607**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13943040

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**140.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1709 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD N. PECKHAM

Mailing Address 1111 E HOWELL AVE

City

ANAHEIM

State

CA

Zip Code

92805-6453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTSIDE BLDG. NATL. CORP.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930100

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN PEDERSEN

Mailing Address 19130 246TH AVE

City

BETTENDORF

State

IA

Zip Code

52722-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERYLL LYNCH

Occupation  
STOCK BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928846

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LINDA G. PEDERSON

Mailing Address HC 34 BOX 115

City

LAS VEGAS

State

NM

Zip Code

87701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928814

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1710 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NEIL J. PEDERSEN

Mailing Address 30 RUBAR DRIVE

City

PARLIN

State

NJ

Zip Code

08859-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964757

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NORMA T. PEERS

Mailing Address 10323 W GORDON AVE

City

GORDONSVILLE

State

VA

Zip Code

22942-7547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969452

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RACHEL B. PELISSIER

Mailing Address P.O. BOX 122

City

BIG HORN

State

WY

Zip Code

82833-0122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967316

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

76.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1711 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERIC C. PELLETIER

Mailing Address 2503 NORTH JEFFERSON STREET

City

ARLINGTON

State

VA

Zip Code

22207-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL ELECTRIC

Occupation

GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928661

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN E. PELLON

Mailing Address 6987 HALSTEAD AVE

City

RCH CUCAMONGA

State

CA

Zip Code

91701-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936304

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN E. PELLON

Mailing Address 6987 HALSTEAD AVE

City

RCH CUCAMONGA

State

CA

Zip Code

91701-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944116

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1712 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. FRANKLIN E. PELLOM

Mailing Address **6987 HALSTEAD AVE**

City State Zip Code  
**RCH CUCAMONGA CA 91701-5216**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**720.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13948967**

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. FRANKLIN E. PELLOM

Mailing Address **6987 HALSTEAD AVE**

City State Zip Code  
**RCH CUCAMONGA CA 91701-5216**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**720.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13954352**

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. FRANKLIN E. PELLOM

Mailing Address **6987 HALSTEAD AVE**

City State Zip Code  
**RCH CUCAMONGA CA 91701-5216**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**720.00**

Date of Receipt

**10 / 29 / 2010**

**Transaction ID: SA11.13962345**

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**90.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1713 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. FRANKLIN E. PELLOM

Mailing Address 6987 HALSTEAD AVE

City State Zip Code  
 RCH CUCAMONGA CA 91701-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971220

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. HARRY A. PELTON

Mailing Address 13288 OAK CREST DRIVE

City State Zip Code  
 YUCAIPA CA 92399-9592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952937

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MS. DORIS M. PELTZ

Mailing Address 11005 BALANTRE LANE

City State Zip Code  
 POTOMAC MD 20854-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918483

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1714 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GEORGE E. PENCE

Mailing Address 8103 DONNA LN.

City

EDWARDSVILLE

State

IL

Zip Code

62025-6239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935561

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RUTH C. PENCE

Mailing Address 524 TURTLE HATCH LN.

City

NAPLES

State

FL

Zip Code

34103-8539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931092

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RUTH C. PENCE

Mailing Address 524 TURTLE HATCH LN.

City

NAPLES

State

FL

Zip Code

34103-8539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966743

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1715 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUE PENDLETON

Mailing Address 9170 OLD RANCH RD.

City

ALTA LOMA

State

CA

Zip Code

91701-4162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931674

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. PENNISTEN

Mailing Address 135 WILLOW ST  
APT 711

City

BROOKLYN

State

NY

Zip Code

11201-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NY CITY DEPT OF FINANCE

Occupation  
COMPUTER SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13965476

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. PENNISTEN

Mailing Address 135 WILLOW ST  
APT 711

City

BROOKLYN

State

NY

Zip Code

11201-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NY CITY DEPT OF FINANCE

Occupation  
COMPUTER SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967192

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1716 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. DAVID K. PERDUE

Mailing Address **307 WHITAKER BLVD**

City State Zip Code  
**HUNTINGTON WV 25701-4707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CITIGROUP

Occupation  
 BOND TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**11 / 20 / 2010**

Transaction ID: SA11.13971534

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 DR. JOYCE A. PERIH

Mailing Address **321 SPRUCE ST STE 901**

City State Zip Code  
**SCRANTON PA 18503-1449**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13959150

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 DR. BILL PERKINS

Mailing Address **26 MIDDLESEX RD**

City State Zip Code  
**EAST GREENBUSH NY 12061-2517**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 16 / 2010**

Transaction ID: SA11.13928701

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1000.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1717 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MRS. ELIZABETH RIMMLER PERKINS

Mailing Address P.O. BOX 3705

City State Zip Code  
CAREFREE AZ 85377-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951945

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. ELIZABETH RIMMLER PERKINS

Mailing Address P.O. BOX 3705

City State Zip Code  
CAREFREE AZ 85377-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952553

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. GERALD PERKINS

Mailing Address 508 THURBER DR

City State Zip Code  
SCHERTZ TX 78154-1146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARENET

Occupation  
BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948107

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1718 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS PERKINS

Mailing Address 302 WINDJAMMER WAY

City

WICHITA FALLS

State

TX

Zip Code

76308-5842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIO CONSULTING & MANAGEM-  
ENT, LLC.

Occupation

ENGINEER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952962

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PETER HUNTER PEROT

Mailing Address 3916 GILLON AVENUE

City

DALLAS

State

TX

Zip Code

75205-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957922

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SARAH CATHERINE PEROT

Mailing Address 3916 GILLON AVENUE

City

DALLAS

State

TX

Zip Code

75205-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957921

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

60950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 1719 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PAVLA PEROUTKA

Mailing Address 5306 CENTRAL AVE

City

WESTERN SPRINGS

State

IL

Zip Code

60558-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943886

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ALBERT PERRINO

Mailing Address 729 TAUNTON RD.

City

WILMINGTON

State

DE

Zip Code

19803-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954814

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HUGH PERRINE

Mailing Address 36423 CAMP CREEK ROAD

City

SPRINGFIELD

State

OR

Zip Code

97478-8757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957709

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1121.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1720 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JACK L. PERRIN**

Mailing Address **500 EASTGATE LN.**

City State Zip Code  
**SANTA BARBARA CA 93108-2248**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**701.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940443

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**WHIT PERRIN WRIGHT**

Mailing Address **PO BOX 880**

City State Zip Code  
**JASPER GA 30143-0880**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WHIT PERRIN WRIGHT CONSULTING LLC**

Occupation  
**MANAGEMENT CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945221

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. ADDIE M. PERRY**

Mailing Address **865 OLD DALTON ROAD NE**

City State Zip Code  
**ROME GA 30165-9096**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1641.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13944861

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1721 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. ADDIE M. PERRY**

Mailing Address **865 OLD DALTON ROAD NE**

City State Zip Code  
**ROME GA 30165-9096**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1641.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: **SA11.13953343**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. ADDIE M. PERRY**

Mailing Address **865 OLD DALTON ROAD NE**

City State Zip Code  
**ROME GA 30165-9096**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1641.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: **SA11.13969302**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. CAROLE A. PERRY**

Mailing Address **10545 RIDGEWATER DR.**

City State Zip Code  
**PAINESVILLE OH 44077-5901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WEPCO, INC.**

Occupation  
**VP-SECRETARY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**661.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: **SA11.13950310**

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**125.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1722 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HARRY F. PERRY

Mailing Address 1153 GUINDA CT

City

CAMARILLO

State

CA

Zip Code

93010-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956248

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES B. PERRY

Mailing Address 206 SE 10TH TER

City

FT LAUDERDALE

State

FL

Zip Code

33301-3634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932400

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARYANN R. PERRY

Mailing Address 114 BUSHNELL ST  
APARTMENT 5

City

BUFFALO

State

NY

Zip Code

14206-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972869

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1723 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. NANCY WHITE PERRY**

Mailing Address **9 SAN MIGUEL SQ**

City State Zip Code  
**ODESSA TX 79762-8047**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**376.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13933117

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL K. PERRY**

Mailing Address **3401 N WILDER ROAD**

City State Zip Code  
**PLANT CITY FL 33565-2677**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TAMPA BAY EMERGENCY PHYSI-  
 CIAN**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13940920

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. RALPH STANFORD PERRY**

Mailing Address **14115 CHAMPIONS HAMLET CT**

City State Zip Code  
**HOUSTON TX 77069-1879**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**321.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 2 / 2 0 1 0**

Transaction ID: SA11.13964592

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**202.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1724 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY B. PERRY

Mailing Address 27 LATHROP RD

City

WELLESLEY

State

MA

Zip Code

02482-7011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959800

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VICTOR E. PERRY

Mailing Address 78 WILL ROGERS DRIVE  
APARTMENT 331

City

SARANAC LAKE

State

NY

Zip Code

12983-2484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956397

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KARL H. PERZIN

Mailing Address P.O. BOX 640

City

OAKLAND

State

NJ

Zip Code

07436-0640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966161

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

536.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1725 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DEBORAH L. PESSIN

Mailing Address 602 NEWCASTLE LN

City

GRAND PRAIRIE

State

TX

Zip Code

75052-4411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951374

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY W. PESTELLO

Mailing Address 10198 VIA VERONA

City

RENO

State

NV

Zip Code

89511-5396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929079

Amount of Each Receipt this Period

425.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALBERT W. PETERS

Mailing Address 3417 QUEENSBURG LN

City

FRIENDSWOOD

State

TX

Zip Code

77546-2241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

UNEMPLOYED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945840

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1726 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ARLENE M. PETERSON

Mailing Address 12246 190TH AVE SE

City

PLUMMER

State

MN

Zip Code

56748-9632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931928

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DANIEL B. PETERSON

Mailing Address 1939 BURR OAK DR. W

City

GLENVIEW

State

IL

Zip Code

60025-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
25 ASSOCIATES IC

Occupation  
MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963460

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HOLLY P. PETERSEN

Mailing Address 349 N 1200 E

City

MAPLETON

State

UT

Zip Code

84664-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931655

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1727 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN H. PETERSON

Mailing Address 1 FOX RUN LN APT 623

City

ORCHARD PARK

State

NY

Zip Code

14127-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934718

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KORY PETERSON

Mailing Address 1614 COLBY AVE

City

EVERETT

State

WA

Zip Code

98201-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953463

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KORY PETERSON

Mailing Address 1614 COLBY AVE

City

EVERETT

State

WA

Zip Code

98201-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956614

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1728 / 3187

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KORY PETERSON

Mailing Address 1614 COLBY AVE

City

EVERETT

State

WA

Zip Code

98201-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972726

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MABELLE J. PETERSEN

Mailing Address 10015 W ROYAL OAK RD. APT. 245  
APT 245

City

SUN CITY

State

AZ

Zip Code

85351-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946004

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARGARET PETNEY

Mailing Address 42877 NASHUA ST.

City

ASHBURN

State

VA

Zip Code

20147-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956347

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1729 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. CLOVIS L. PETRIN, JR.

Mailing Address 1983 WHISPERING OAK DR

City State Zip Code  
 DAYTON OH 45440-2412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944645

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. CLOVIS L. PETRIN, JR.

Mailing Address 1983 WHISPERING OAK DR

City State Zip Code  
 DAYTON OH 45440-2412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944703

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 AUGUSTA PETRONE

Mailing Address P.O. BOX 1037

City State Zip Code  
 DUBLIN NH 03444-1037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 HOMEMAKER

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.13960705

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

291.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1730 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DALE J. PETRUSHA

Mailing Address 50157 TETON RIDGE RD

City

NORTHVILLE

State

MI

Zip Code

48168-6851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951487

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD W. PETTENGILL, JR.

Mailing Address 2015 CANTERBURY DR

City

INDIALANTIC

State

FL

Zip Code

32903-4033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13965291

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. PETTIT

Mailing Address 379 FYNN VALLEY DR

City

LAS VEGAS

State

NV

Zip Code

89148-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWEST SURVEILLANCE SY-  
STEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
PRESIDENT

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934102

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

235.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1731 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MS. TONI PETTIT

Mailing Address P.O. BOX 986

City

JAL

State

NM

Zip Code

88252-0986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932433

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. TONI PETTIT

Mailing Address P.O. BOX 986

City

JAL

State

NM

Zip Code

88252-0986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941902

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR O. PETTY

Mailing Address 202 LA JARA BLVD

City

SAN ANTONIO

State

TX

Zip Code

78209-4444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972854

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1732 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. BEVERLY PEVEHOUSE**

Mailing Address **810 CANONERO**

City State Zip Code  
**MIDLAND TX 79705-1802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13951959

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MARTIN PEZELY**

Mailing Address **4749 MEADOW VIEW ROAD**

City State Zip Code  
**SALT LAKE CITY UT 84107-3942**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972043

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GERALD P. PFAFF**

Mailing Address **P.O. BOX 927082**

City State Zip Code  
**SAN DIEGO CA 92192-7082**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946232

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**625.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1733 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBRA PFLEIGER

Mailing Address 445 RAILROAD AVE B

City

SOUDERTON

State

PA

Zip Code

18964-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONSTANTIA-COLMAR

Occupation

PRE-PRESS SPECIALIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961508

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD B. PHELPS, JR.

Mailing Address 663 MAJESTIC DR

City

SANTA MARIA

State

CA

Zip Code

93455-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13963369

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERNEST R. PHILIPPI

Mailing Address 65B MASONIC AVE APT 243

City

WALLINGFORD

State

CT

Zip Code

06492-6110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928256

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

151.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1734 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID PHILLIPS

Mailing Address 12803 DOVE DRIVE

City

BUDA

State

TX

Zip Code

78610-2865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942563

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. FRANCES D. PHILLIPS

Mailing Address 1768 OPECHEE DRIVE

City

MIAMI

State

FL

Zip Code

33133-2442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957159

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. PHILLIPS

Mailing Address 6122 WHITE ROSE TRL.

City

DALLAS

State

TX

Zip Code

75248-4936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13962475

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

340.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1735 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY A. PHILLIPS

Mailing Address 2789 WALKER CT.

City

EXPORT

State

PA

Zip Code

15632-9307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947747

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL G. PHILLIPPE

Mailing Address 11563 EAST 1150TH AVENUE

City

ROBINSON

State

IL

Zip Code

62454-4352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRAWFORD MEMORIAL HOSPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951477

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANN PHILPOT

Mailing Address 10537 SPENCER LANDING LN

City

LA PORTE

State

TX

Zip Code

77571-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952317

Amount of Each Receipt this Period

21.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

431.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1736 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. CHRISTINE PIACENTE**

Mailing Address **4375 MILL LN**

City State Zip Code  
**MATTITUCK NY 11952-1757**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**U S S D**

Occupation  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13928109

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH PIAZZA**

Mailing Address **3235 PORT ROAYLE DR S #G**

City State Zip Code  
**FORT LAUDERDALE FL 33308-7928**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13943702

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH PIAZZA**

Mailing Address **3235 PORT ROAYLE DR S #G**

City State Zip Code  
**FORT LAUDERDALE FL 33308-7928**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961704

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1737 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JOSEPH PIAZZA

Mailing Address 3235 PORT ROAYLE DR S #G

City State Zip Code  
FORT LAUDERDALE FL 33308-7928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973002

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. SYLVIA PICARD

Mailing Address 323 REGENT WOOD RD

City State Zip Code  
NORTHFIELD IL 60093-2762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946142

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. DELORES S. PICKETT

Mailing Address 8275 MOUNT OLIVE RD

City State Zip Code  
CONCORD NC 28025-1369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASTER TELECOMMUNICATIONS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918425

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1075.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1738 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. GERALDINE PICKERING

Mailing Address 106 WALNUT ST

City

VAN HORNE

State

IA

Zip Code

52346-9840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952018

Amount of Each Receipt this Period

10.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. IVOR PICKERING

Mailing Address 2857 S RANCHO CIRCLE

City

SAINT GEORGE

State

UT

Zip Code

84790-7967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950663

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE PICKERT

Mailing Address 11336 W 121ST TER

City

OVERLAND PARK

State

KS

Zip Code

66213-1978

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950537

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1739 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. ROBERT L. PICKENS

Mailing Address 102 JOE PHILLIPS RD.

City State Zip Code  
MADISON AL 35758-9776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956344

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. H E. PICKLE

Mailing Address 20487 WILDCAT RIN RD

City State Zip Code  
ESTERO FL 33928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963026

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. JOSEPH A. PIDUTTI

Mailing Address 1330 PETERSON DR.

City State Zip Code  
SILVER CITY NM 88061-8871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946819

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

191.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1740 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN PIECUCH

Mailing Address 42 SOUTH TRANQUIL PATH DRIVE

City

THE WOODLANDS

State

TX

Zip Code

77380-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945641

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DONALD PIERCE

Mailing Address 22 LATHROP RD

City

WELLESLEY

State

MA

Zip Code

02482-7012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930096

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGERIT PIERCE

Mailing Address 11983 WINDSOR MOSS

City

ELLCOTT CITY

State

MD

Zip Code

21042-7113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928223

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1741 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MELVIN E. PIERCE

Mailing Address P.O. BOX 378

City

SEMMES

State

AL

Zip Code

36575-0378

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MELVIN PIERCE PAINTING IN-  
C.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956733

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD D. PIERCE

Mailing Address 33751 BLESSINGTON LN

City

SAN JUAN CAPISTRAN

State

CA

Zip Code

92675-4958

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949738

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS O. PIERCE

Mailing Address 2326 DEL PRADO BLVD. S.

City

CAPE CORAL

State

FL

Zip Code

33990-6628

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RE/MAX REALITY TEAMOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13960751

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1742 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DANA PIERSON

Mailing Address

25 GRAND MANOR COURT

City

SUGAR LAND

State

TX

Zip Code

77478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11A.13977520

Amount of Each Receipt this Period

2000.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**B.**

Full Name (Last, First, Middle Initial)

DANA D. PIERSON

Mailing Address 7 GRAND MANOR COURT

City

SUGAR LAND

State

TX

Zip Code

77479-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13955983

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROGER A. PIERSON

Mailing Address 9 FULBOURN LN.

City

BELLA VISTA

State

AR

Zip Code

72714-6338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944244

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1743 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL D. PIERSON

Mailing Address 52 HILLCREST RD.

City

MANCHESTER

State

CT

Zip Code

06040-7011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABAPGT, INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956748

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEROY PIETZ

Mailing Address 41115 284TH ST.

City

TRIPP

State

SD

Zip Code

57376-6303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PIETZ FARM

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958697

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROBERT PIGG

Mailing Address 22207 MOULIN DRIVE

City

BRIARCLIFF

State

TX

Zip Code

78669-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960238

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1135.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1744 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRANDON L. PIGOTT

Mailing Address 1136 SHERIDAN RD

City

WILMETTE

State

IL

Zip Code

60091-1772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13947817

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALPHA PILAND

Mailing Address 900 TAMARACK AVE

City

TALLAHASSEE

State

FL

Zip Code

32303-4649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13962933

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. PILKINGTON, JR.

Mailing Address PO BOX 6134

City

TULSA

State

OK

Zip Code

74148-0134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OIL &amp; GAS EXPLORATION

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13945250

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2725.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1745 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. EUGENE G. PILLARD**

Mailing Address **1802 MILLCREEK DR.**

City State Zip Code  
**ARKADELPHIA AR 71923-3020**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930138

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**BEN PIMENTAL**

Mailing Address **4049 FAIRWAY HILLS DR.**

City State Zip Code  
**RAPID CITY SD 57702-5391**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953604

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**HORST PIMMLER**

Mailing Address **8830 STONEWICK WAY**

City State Zip Code  
**ZIONSVILLE IN 46077-8997**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954696

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**211.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1746 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. LLOYD PINE

Mailing Address 19 SCOTT CIR

City

PURCHASE

State

NY

Zip Code

10577-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949804

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROY PINECI

Mailing Address 23332 PARK COLOMBO

City

CALABASAS

State

CA

Zip Code

91302-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OCCIDENTAL PETROLEUM CORP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FINANCE

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945185

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEPHEN M. PINKOS

Mailing Address 3612 AUTUMN DR

City

FORT WORTH

State

TX

Zip Code

76109-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U. S. PATENT & TRADEMARK  
OFFICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DEPUTY DIRECTOR

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959383

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1747 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EUGENIO PINO

Mailing Address 5921 SW 73RD AVE

City

MIAMI

State

FL

Zip Code

33143-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969175

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOE PINSONNEAULT

Mailing Address 1330 ORANGE AVE  
STE 335

City

CORONADO

State

CA

Zip Code

92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINSONNEAULT HOLDINGS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947838

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANK PINTOZZI

Mailing Address 6041 TURNER HILL ROAD

City

WOODSTOCK

State

GA

Zip Code

30188-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PUBLISHER

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931471

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1748 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANK PINTOZZI

Mailing Address 6041 TURNER HILL ROAD

City

WOODSTOCK

State

GA

Zip Code

30188-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN

Occupation

PUBLISHER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947692

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANK PINTOZZI

Mailing Address 6041 TURNER HILL ROAD

City

WOODSTOCK

State

GA

Zip Code

30188-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN

Occupation

PUBLISHER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968037

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BRADY PIOCH

Mailing Address 3744 BARBARA DR.

City

STERLING HEIGHTS

State

MI

Zip Code

48310-6104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930393

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1749 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHESTER PIOLATTO

Mailing Address 3340 FULHAM COURT

City

PALMDALE

State

CA

Zip Code

93551-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960532

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ARA PIRANIAN

Mailing Address 4212 CLEAR VALLEY DR

City

ENCINO

State

CA

Zip Code

91436-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956694

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS X. PISCHEL

Mailing Address 14370 NOLEN LN

City

CHARLOTTE

State

NC

Zip Code

28277-3711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
XAVIER METAL GROUP INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931698

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1750 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. DAN L. PISTER

Mailing Address 1642 LARKFIELD AVE

City	State	Zip Code
WESTLAKE VILLAGE	CA	91362-4281

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SARNOVAOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13943013

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. CLARK D. PITCAIRN

Mailing Address P.O. BOX 305

City	State	Zip Code
BRYN ATHYN	PA	19009-0305

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PITCAIRN TRUST COMPANYOccupation  
FINANCIAL TRUSTEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	0

Transaction ID: SA11.13968034

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
ROBERT PITCHFORD

Mailing Address 1948 E 500 S

City	State	Zip Code
VERNAL	UT	84078-2825

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946891

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1751 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**BEVERLY PITTS**

Mailing Address **3920 LANNING RD**

City State Zip Code  
**LAWRENCEBURG TN 38464-7587**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SOUTHERN INSURANCE SEROKE-  
 S, INC.**

Occupation  
**OFFICE MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13955099

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. WALTER PIVNICK**

Mailing Address **1126 SW ABINGDON AVE**

City State Zip Code  
**PORT SAINT LUCIE FL 34953-7327**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13929043

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH PIZZIMENTI**

Mailing Address **82 MULBERRY AVE.**

City State Zip Code  
**GARDEN CITY NY 11530-1817**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 2 / 2 0 1 0**

Transaction ID: SA11.13962663

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1752 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERVIN PLANK

Mailing Address 5441 ROYAL VISTA LN

City

LAS VEGAS

State

NV

Zip Code

89149-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931743

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MANNING B. PLETZ

Mailing Address 1401 WILTSHIRE AVE

City

SAN ANTONIO

State

TX

Zip Code

78209-6050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLETZ CONSTRUCTION LLC

Occupation  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961128

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA PLOMCHOK

Mailing Address 8480 LIMEKILN PIKE  
APT 17

City

WYNCOTE

State

PA

Zip Code

19095-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969712

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1753 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. JOHN F. PLOTH

Mailing Address 722 WALNUT ST. APT. 306  
 APARTMENT 306

City State Zip Code  
 KANSAS CITY MO 64106-1609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 REHABILITATION SERVICES

Occupation  
 VENDING FACILITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934022

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. JOHN F. PLOTH

Mailing Address 722 WALNUT ST. APT. 306  
 APARTMENT 306

City State Zip Code  
 KANSAS CITY MO 64106-1609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 REHABILITATION SERVICES

Occupation  
 VENDING FACILITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961306

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. JOHN F. PLOTH

Mailing Address 722 WALNUT ST. APT. 306  
 APARTMENT 306

City State Zip Code  
 KANSAS CITY MO 64106-1609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 REHABILITATION SERVICES

Occupation  
 VENDING FACILITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965345

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1754 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARJORIE L. PLUMMER

Mailing Address 365 RIM ROCK CIR

City

PRESCOTT

State

AZ

Zip Code

86303-5547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953133

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARJORIE L. PLUMMER

Mailing Address 365 RIM ROCK CIR

City

PRESCOTT

State

AZ

Zip Code

86303-5547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959851

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARJORIE L. PLUMMER

Mailing Address 365 RIM ROCK CIR

City

PRESCOTT

State

AZ

Zip Code

86303-5547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971309

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1755 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JUSTIN W. PLYLER

Mailing Address 914 N OCEAN BLVD

City

MYRTLE BEACH

State

SC

Zip Code

29577-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951323

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY E. POGODZINSKI

Mailing Address 9609 MANITOU PARK DR.

City

MINOCQUA

State

WI

Zip Code

54548-9362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935451

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY E. POGODZINSKI

Mailing Address 9609 MANITOU PARK DR.

City

MINOCQUA

State

WI

Zip Code

54548-9362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940347

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1756 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM C. POHLMANN

Mailing Address 419 WASHINGTON WAY

City

PITTSBURGH

State

PA

Zip Code

15243-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936605

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LORETTA POINDEXTER

Mailing Address 5100 E. SKELLY DRIVE

City

TULSA

State

OK

Zip Code

74135-6565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M S COLLINS TRUSTOccupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945297

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KAY G. POITRAS

Mailing Address 949 HAMILTON CIRCLE

City

HAINES CITY

State

FL

Zip Code

33844-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13942542

Amount of Each Receipt this Period

185.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

436.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1757 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARLTON POLK

Mailing Address 2644 W LAKESHORE DR

City

STARKVILLE

State

MS

Zip Code

39759-8315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATMOS

Occupation

PROJECT SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929637

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

S.SGT. JAMES A. POLK

Mailing Address 6001 MORNING GLORY CIR APT A

City

EL PASO

State

TX

Zip Code

79924-5051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959697

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OLIVER A. POLLARD, JR.

Mailing Address 1587 WESTOVER AVE

City

PETERSBURG

State

VA

Zip Code

23805-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966767

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1758 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MS. NORENE POLLEI

Mailing Address 525 E. 2875 N.

City

PROVO

State

UT

Zip Code

84604-4236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13929091

Amount of Each Receipt this Period

415.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

EDGAR WILLIAM POLLUM

Mailing Address 7022 BRUIN CT

City

MANASSAS

State

VA

Zip Code

20111-4374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13952675

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GLENN N. POMERANCE

Mailing Address 8314 MILL RACE DRIVE

City

OOLTEWAH

State

TN

Zip Code

37363-8839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POMERANCE EYE CENTER, PC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13957985

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

640.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1759 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HOWARD C. POMEROY

Mailing Address 320 OLD HICKORY BLVD

City

NASHVILLE

State

TN

Zip Code

37221-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932858

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES PONDILL

Mailing Address 8278 KINGS LANDING LN

City

SMITHFIELD

State

VA

Zip Code

23430-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954137

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BOB POOLE

Mailing Address  
2121 OLD GATESBURG ROAD SUITE 200

City

STATE COLLEGE

State

PA

Zip Code

16803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1698.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11A.13977531

Amount of Each Receipt this Period

1698.02

IN-KIND CONTRIBUTION

IN-KIND: FOOD, BEVERAGE  
AND POSTAGE

SUBTOTAL of Receipts This Page (optional) .....

1799.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1760 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DONNA M. POOLE

Mailing Address 5310 AVONDALE DRIVE

City

SUGAR LAND

State

TX

Zip Code

77479-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13955984

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ERNEST T. POOLE

Mailing Address 7400 MYRTLE GROVE RD

City

WILMINGTON

State

NC

Zip Code

28409-4920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928990

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN POOLE

Mailing Address 83 SUMMIT AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH JERSEY SURGICAL SPE-  
CIALISTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947737

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1761 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS MARY M. POOLE

Mailing Address 8 SOMMERTON COURT

City

GREENSBORO

State

NC

Zip Code

27408-3847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938524

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MELVIN POOLE

Mailing Address 9812 CREEMORE DR

City

TUJUNGA

State

CA

Zip Code

91042-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930074

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MELVIN POOLE

Mailing Address 9812 CREEMORE DR

City

TUJUNGA

State

CA

Zip Code

91042-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969678

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1762 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
COL. DONALD CARRUTHERS POORMAN

Mailing Address 70671 OROVILLE CIR.

City State Zip Code  
RANCHO MIRAGE CA 92270-3414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952155

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES E. POPEJOY, SR.

Mailing Address 1328 S. HIGHWAY 65

City State Zip Code  
EUDORA AR 71640-9305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
FISH GROWER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931335

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOSEPH POPOLO, JR.

Mailing Address 4208 BRYN MAWR

City State Zip Code  
DALLAS TX 75225-6738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FREEMAN

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928408

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1763 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. PORTCH

Mailing Address 3520 PIEDMONT DR

City

PLANO

State

TX

Zip Code

75075-6255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942964

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK B. PORTER

Mailing Address 28715 CAPANO BAY CT.

City

MENIFEE

State

CA

Zip Code

92584-9385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933757

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK B. PORTER

Mailing Address 28715 CAPANO BAY CT.

City

MENIFEE

State

CA

Zip Code

92584-9385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971980

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1764 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEIL C. PORTER

Mailing Address 303 VALLEY RD. APT. 103

City

MIDDLETOWN

State

RI

Zip Code

02842-7259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969202

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VERA PORTER

Mailing Address 12885 DUNHAM RD

City

MEADVILLE

State

PA

Zip Code

16335-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967419

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA R. PORTIS

Mailing Address 3210 WINDERLY PINE CV

City

MEMPHIS

State

TN

Zip Code

38125-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951691

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1765 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. WILLA J. PORTMAN

Mailing Address N3598 HIGHLAND RD

City

ANTIGO

State

WI

Zip Code

54409-8772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937222

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. POSNER

Mailing Address 13505 SHELL BEACH CT.

City

DELRAY BEACH

State

FL

Zip Code

33446-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CHEMIST/PHARMACEUTICAL & GOSNETIC CO.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918437

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE POST

Mailing Address 1160 TOWER ROAD

City

BEVERLY HILLS

State

CA

Zip Code

90210-2131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POST ADVISORY GROUP, LLC

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945305

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1660.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1766 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOE W. POTTER

Mailing Address 815 KNOLL MANOR COURT

City

CEDAR HILL

State

TX

Zip Code

75104-7807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937477

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN POTTERFIELD

Mailing Address 31 WINDEMERE AVE

City

STATEN ISLAND

State

NY

Zip Code

10306-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938461

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN POTTERFIELD

Mailing Address 31 WINDEMERE AVE

City

STATEN ISLAND

State

NY

Zip Code

10306-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	0

Transaction ID: SA11.13971527

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1767 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. POTTER

Mailing Address 2028 KINGS CROSS LANE

City

CORDOVA

State

TN

Zip Code

38016-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938473

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. POTTER

Mailing Address 2028 KINGS CROSS LANE

City

CORDOVA

State

TN

Zip Code

38016-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 1 0

Transaction ID: SA11.13971537

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

J. S. POWELL, JR.

Mailing Address PO BOX 14550

City

FORT LAUDERDALE

State

FL

Zip Code

33302-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942594

Amount of Each Receipt this Period

230.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1768 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JAMES J. POWELL**

Mailing Address **3622 BRISTOL HIGHWAY  
 SUITE 1**

City State Zip Code  
**JOHNSON CITY TN 37601-1409**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**POWELL CONSTRUCTION COMPA-  
 NY**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13959339

Amount of Each Receipt this Period

**10000.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. KAREN POWELL**

Mailing Address **8569 YODER ROAD**

City State Zip Code  
**WADSWORTH OH 44281-9522**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**470.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13947090

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. S. MARK POWELL**

Mailing Address **2900 TARRY TRAIL**

City State Zip Code  
**AUSTIN TX 78703-1153**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ATLANTIC TRUST**

Occupation  
**INVESTMENTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**11 / 09 / 2010**

Transaction ID: SA11.13967218

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**12110.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1769 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT POWERS**

Mailing Address **15 DEERPATH RD**

City State Zip Code  
**FLEMINGTON NJ 08822-7017**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 15 / 2010**

**Transaction ID: SA11.13928105**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PATRICK A. POWLEN**

Mailing Address **3718 E 900 N**

City State Zip Code  
**CAMDEN IN 46917-9244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IDEM**

Occupation  
**SCIENTIEST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**336.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13918808**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. PATRICK A. POWLEN**

Mailing Address **3718 E 900 N**

City State Zip Code  
**CAMDEN IN 46917-9244**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IDEM**

Occupation  
**SCIENTIEST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**336.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963351**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**236.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1770 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RAHUL PRAKASH

Mailing Address 1 OURLANE TRAIL

City

HOUSTON

State

TX

Zip Code

77024-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13955973

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEO B. PRATER

Mailing Address P.O. BOX 831

City

COLORADO CITY

State

TX

Zip Code

79512-0831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962527

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BRENT M. PRATLEY

Mailing Address 434 W 750 S

City

OREM

State

UT

Zip Code

84058-6144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
ONNTODENIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950458

Amount of Each Receipt this Period

37.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2587.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1771 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. LLOYD L. PRATOR**

Mailing Address **224 W 11TH ST APT 1**  
**APT 1**

City State Zip Code  
**NEW YORK NY 10014-2217**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ST JOHN'S CHURCH**

Occupation  
**MINISTER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962646

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. EDITH I. PRATT**

Mailing Address **273 N HANFORD AVE**

City State Zip Code  
**E WENATCHEE WA 98802-4941**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**391.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946803

Amount of Each Receipt this Period

**31.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. STEPHEN E. PRAY, III**

Mailing Address **3283 E ORIOLE WAY**

City State Zip Code  
**CHANDLER AZ 85286-5669**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PEOPLE OF CONOR NETWORK**

Occupation  
**AWRSG PRACTITIONER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**345.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957090

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**331.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1772 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERNEST PREATE, JR.

Mailing Address 1231 COUNTRY CLUB RD

City

CLARKS SUMMIT

State

PA

Zip Code

18411-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936090

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERNEST PREATE, JR.

Mailing Address 1231 COUNTRY CLUB RD

City

CLARKS SUMMIT

State

PA

Zip Code

18411-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963289

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. FRANCES PREDAJNA

Mailing Address 922 ARONA RD.

City

NEW STANTON

State

PA

Zip Code

15672-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954823

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1773 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. MARY E. PREDEL

Mailing Address 59 GARNSEY ROAD

City State Zip Code  
REXFORD NY 12148-1205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948325

Amount of Each Receipt this Period

530.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
DR. ROBERT C. PRENTICE

Mailing Address 13343 EDINBURGH DR

City State Zip Code  
PALOS HEIGHTS IL 60463-2749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEARTCARE CENTERS OF ILLI-  
NOIS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957639

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM R. PREUSS

Mailing Address 11730 S 85TH. AVE

City State Zip Code  
PALOS PARK IL 60464-1017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933219

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1631.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1774 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ROY ALLEN PREVATT**

Mailing Address **7644 LEDGEWOOD DR**

City State Zip Code  
**FENTON MI 48430-9226**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**MCKESSEN PHARMACY SYSTEM**

Occupation  
**VP SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935807

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. ROY ALLEN PREVATT**

Mailing Address **7644 LEDGEWOOD DR**

City State Zip Code  
**FENTON MI 48430-9226**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**MCKESSEN PHARMACY SYSTEM**

Occupation  
**VP SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936311

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. RUBERT W. PREVATT**

Mailing Address **2705 COLLINS AVE**

City State Zip Code  
**LAKELAND FL 33803-3303**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13947453

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1775 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERMAN L. PRICE

Mailing Address 5330 HUSTLEVILLE RD

City

ALBERTVILLE

State

AL

Zip Code

35951-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933338

Amount of Each Receipt this Period

11.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH PRICE

Mailing Address 9081 HERMOSA AVE

City

YUCCA VALLEY

State

CA

Zip Code

92284-6079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13965300

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OLIVER W. PRICE

Mailing Address 13634 PYRAMID DR

City

FARMERS BRANCH

State

TX

Zip Code

75234-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METROCREST BILLE CHURCHOccupation  
PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930859

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

161.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1776 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. OLIVER W. PRICE

Mailing Address 13634 PYRAMID DR

City State Zip Code  
FARMERS BRANCH TX 75234-4836FEC ID number of contributing  
federal political committee.**C**Name of Employer  
METROCREST BILLE CHURCHOccupation  
PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936873

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
RICHARD PRICE

Mailing Address 1261 ROAD 30

City State Zip Code  
LAKE VIEW SC 29563-5203FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952443

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. THOMAS PRICE

Mailing Address 66 DAVISON LANE E

City State Zip Code  
WEST ISLIP NY 11795-5202FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

89.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13958258A

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

CHARGED BACK \$4,950.00 ON  
10/28/2010

SUBTOTAL of Receipts This Page (optional) ▶

5085.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1777 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS PRICE

Mailing Address 66 DAVISON LANE E

City

WEST ISLIP

State

NY

Zip Code

11795-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

89.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958258B

Amount of Each Receipt this Period

-4950.00

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)

MR. WILL R. PRICE

Mailing Address 2634 LOWELL CIR

City

MELBOURNE

State

FL

Zip Code

32935-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962740

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PRESTON PRICHARD

Mailing Address 3577 MAPLEKNOLL PL

City

THOUSAND OAKS

State

CA

Zip Code

91362-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955335

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

-4750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1778 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CHERYL PRIDE

Mailing Address 3707 SWALLOWTAIL DR

City

MORGANTOWN

State

WV

Zip Code

26508-8825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965153

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD PRIESS

Mailing Address 3 LARKSPUR CT.

City

ST. CHARLES

State

MO

Zip Code

63301-0627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942926

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL E. PRILLAMAN

Mailing Address 1311 70TH ST. NW

City

BRADENTON

State

FL

Zip Code

34209-1258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935502

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1779 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD D. PRINGLE

Mailing Address 1501 PRINCETON AVENUE

City

AUSTIN

State

TX

Zip Code

78757-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945924

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROY PRITCHARD

Mailing Address 2337 FILMORE LN

City

RANCHO CORDOVA

State

CA

Zip Code

95670-4232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953339

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS PRIVITERA, SR.

Mailing Address 26 FROST ST.

City

ARLINGTON

State

MA

Zip Code

02474-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961660

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1780 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. JEFFREY J. PROBST

Mailing Address 5207 VASA TER

City State Zip Code  
LOWELL IN 46356-1156FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959101

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. PETER PROLL

Mailing Address 35 ROSS RD

City State Zip Code  
LIVINGSTON NJ 07039-6221FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929145

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. PETER PROLL

Mailing Address 35 ROSS RD

City State Zip Code  
LIVINGSTON NJ 07039-6221FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968453

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1781 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MAURICIA PROPER

Mailing Address PO BOX 308

City

ALBERT CITY

State

IA

Zip Code

50510-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13960742

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JUDITH C. PROSSER

Mailing Address P.O. BOX 190

City

WINSLOW

State

AZ

Zip Code

86047-0190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13945390

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEPHEN W. PROUGH

Mailing Address 527 HAZEL DRIVE

City

CORONA DEL MAR

State

CA

Zip Code

92625-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIG FINANCIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT &amp; CEO

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13932256

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5160.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1782 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. PRUITT

Mailing Address 767 BROOKVIEW DR.

City

GREENWOOD

State

IN

Zip Code

46142-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960231

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JULIA PRYDE

Mailing Address 6175 E BRIARWOOD DR

City

CENTENNIAL

State

CO

Zip Code

80112-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949446

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH C. PRYOR

Mailing Address P.O. BOX 611

City

HAIKU

State

HI

Zip Code

96708-0611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941466

Amount of Each Receipt this Period

2001.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2091.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1783 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. PAULA PULLINS**

Mailing Address **9381 SNAPPTOWN RD**

City State Zip Code  
**QUINCY OH 43343-9513**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PULLINS DRAINAGE AND FARMS**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**680.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID: SA11.13947805**

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. JAMES ELLEN PULOS**

Mailing Address **7760 VENTURA CANYON AVENUE**

City State Zip Code  
**PANORAMA CITY CA 91402-6307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID: SA11.13946745**

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JAMES ELLEN PULOS**

Mailing Address **7760 VENTURA CANYON AVENUE**

City State Zip Code  
**PANORAMA CITY CA 91402-6307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

**Transaction ID: SA11.13968051**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**211.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1784 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
LAWRENCE PUPA

Mailing Address 309 HICKORY DR.

City State Zip Code  
MERIDIAN MS 39305-7901FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933417

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. MICHAEL PURCELL

Mailing Address 705 KAYLORS MDW

City State Zip Code  
LOCUST GROVE GA 30248-3852FEC ID number of contributing  
federal political committee.**C**Name of Employer  
DELTA AIRLINES

Occupation

TECHNICAL MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918448

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. PATRICK L. PURCELL

Mailing Address 3566 14TH AVE. S

City State Zip Code  
GRAND FORKS ND 58201-3704FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WIRELESS CONCEPTS

Occupation

MARKETING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964565

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1785 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D. PURCELL

Mailing Address 630 WYNDEMERE AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938595

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS PURNELL

Mailing Address 1858 ARTISAN DR

City

EDGERTON

State

WI

Zip Code

53534-9417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SO WI NEWS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960767

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DENISE PURSLEY

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968682

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1786 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND F. PUSCZAN

Mailing Address 132 WILMA PL.

City

PARK RIDGE

State

IL

Zip Code

60068-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934657

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND F. PUSCZAN

Mailing Address 132 WILMA PL.

City

PARK RIDGE

State

IL

Zip Code

60068-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934996

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND F. PUSCZAN

Mailing Address 132 WILMA PL.

City

PARK RIDGE

State

IL

Zip Code

60068-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956312

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1787 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. JAMES PUTNAM

Mailing Address 157 TALLWOOD DR

City State Zip Code  
SOUTHINGTON CT 06489-2831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928891

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES L. PUTT

Mailing Address 28861 CAVELL TER.

City State Zip Code  
NAPLES FL 34119-0908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930130

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MARK PYBURN

Mailing Address 26 HACKBERRY LN APT A

City State Zip Code  
HOUSTON TX 77027-5623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BOARDWALK PIPELINE PARTNE-  
RS

Occupation  
NATURAL GAS BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952451

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1788 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THERESA PYE

Mailing Address 8725 NW 9TH. PL.

City

GAINESVILLE

State

FL

Zip Code

32606-7158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954056

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THERESA M. PYE, JR.

Mailing Address 8725 NW 9TH. PL.

City

GAINESVILLE

State

FL

Zip Code

32606-7158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13964259

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID PYOTT

Mailing Address PO BOX 1377

City

SAN JUAN CAPISTRAN

State

CA

Zip Code

92693-1377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13932342

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

25100.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1789 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**DR. DIMITRI PYRROS**

Mailing Address **21 VANTAGE CT**

City State Zip Code  
**PORT JEFFERSON NY 11777-2242**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**ZELEN & PYRROS**

Occupation  
**DOCTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13957276

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. MARVIN M. QUAID**

Mailing Address **15 PINEHILL WAY**

City State Zip Code  
**MONTEREY CA 93940-4107**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935772

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. KATHLEEN QUALSET**

Mailing Address **478 FLORAL WAY**

City State Zip Code  
**ROHNERT PARK CA 94928-5713**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 7 / 2 0 1 0**

Transaction ID: SA11.13969934

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1790 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES QUANCE

Mailing Address 15738 STEAMBOAT LN.

City

HOUSTON

State

TX

Zip Code

77079-2575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943271

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES QUANCE

Mailing Address 15738 STEAMBOAT LN.

City

HOUSTON

State

TX

Zip Code

77079-2575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971363

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CORINNE P. QUAYLE

Mailing Address 1665 S. MAGUIRE DR.

City

WICKENBURG

State

AZ

Zip Code

85390-3139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945626

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1791 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CATHARINA QUELLE

Mailing Address 5205 STONECREEK TRL

City

FORT WAYNE

State

IN

Zip Code

46825-5962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933376

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CRISLER QUICK

Mailing Address 118 HORSESHOE RD.

City

MILL NECK

State

NY

Zip Code

11765-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE FINANCE DEPARTMENT

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960740

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WENDY D. QUIGLEY

Mailing Address 3720 FOUNTAIN CIR.

City

FOUNTAINVILLE

State

PA

Zip Code

18923-9640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933290

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

562.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1792 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**EDWARD QUINN**

Mailing Address **14895 COLT FOOT CT**

City State Zip Code  
**WOODBIDGE VA 22193-3367**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13931456

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. PHILLIP C. QUINN**

Mailing Address **115 COUNTRY ESTATES DR**

City State Zip Code  
**MITCHELL IN 47446-6614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930938

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. WILLIAM CHRISTOPHER QUINN**

Mailing Address **3032 MEADOR LANE**

City State Zip Code  
**CONROE TX 77303-2366**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DENTIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**214.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13943024

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2026.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1793 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARTHA E. QUINTON

Mailing Address 301 S KEY AVE

City

LAMPASAS

State

TX

Zip Code

76550-2724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAMPASAS BOOKKEEPING TAX  
SERVICE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962506

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. OSIRIS QUINTANA

Mailing Address 14100 PALMETTO FRONTAGE RD  
STE 390

City

MIAMI LAKES

State

FL

Zip Code

33016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIANGLE ASSOCIATES INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928926

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. TOMMIE QUISENBERRY

Mailing Address 3408 CALLE DE CORRIDA

City

LAS VEGAS

State

NV

Zip Code

89102-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955133

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1794 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. HOLLIS W. RADEMACHER

Mailing Address 1719 LOWELL LN.

City

LAKE FOREST

State

IL

Zip Code

60045-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932579

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HOLLIS W. RADEMACHER

Mailing Address 1719 LOWELL LN.

City

LAKE FOREST

State

IL

Zip Code

60045-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933402

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HOLLIS W. RADEMACHER

Mailing Address 1719 LOWELL LN.

City

LAKE FOREST

State

IL

Zip Code

60045-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933641

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

301.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1795 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NANCY L. RADTKE

Mailing Address 1000 N FRONT ST  
SUITE 300

City	State	Zip Code
WORMLEYSBURG	PA	17043-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOFFITT HEART & VASCULAR  
GROUP

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928852

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SANDRA R. RADTKE

Mailing Address 2925 WILLOW GREEN CT

City	State	Zip Code
ROSWELL	GA	30076-3737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957740

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

J. DWIGHT RAGSDALE

Mailing Address 1115 CLAYLICK ROAD

City	State	Zip Code
WHITE BLUFF	TN	37187-4519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918455

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1796 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

J. DWIGHT RAGSDALE

Mailing Address 1115 CLAYLICK ROAD

City

WHITE BLUFF

State

TN

Zip Code

37187-4519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954944

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD RAHMES

Mailing Address 14213 CALAIS CIRCLE

City

OKLAHOMA CITY

State

OK

Zip Code

73142-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JMA ENERGYOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951130

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NADINE F. RAIL

Mailing Address 1401 N PIERCE ST. APT. 4

City

LITTLE ROCK

State

AR

Zip Code

72207-5355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959484

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1797 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID E. RAINBOLT

Mailing Address 6226 NORTH RIVIERA DRIVE

City

OKLAHOMA CITY

State

OK

Zip Code

73112-7360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANCFIRST

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951118

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CLAIRE L. RAINS

Mailing Address 420 41ST. AVE

City

SAN FRANCISCO

State

CA

Zip Code

94121-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941747

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CLAIRE L. RAINS

Mailing Address 420 41ST. AVE

City

SAN FRANCISCO

State

CA

Zip Code

94121-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954323

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

561.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1798 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

YEFIM RAKHLIN

Mailing Address 4608 CONCHITA WAY

City

TARZANA

State

CA

Zip Code

91356-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918441

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. RALEY

Mailing Address 9666 ATHERTON DR.

City

DALLAS

State

TX

Zip Code

75243-6136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DORCHESTER MINERALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MGR

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930299

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT RALSTON

Mailing Address 202 CONCORD DR

City

NORMAL

State

IL

Zip Code

61761-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FINANCIAL PLANNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953200

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1799 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. RAMAGE

Mailing Address 2940 FM 1071

City

OLTON

State

TX

Zip Code

79064-2113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957647

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RUTH RAMIREZ

Mailing Address 14701 HARCOURT HOUSE LN

City

PFLUGERVILLE

State

TX

Zip Code

78660-7936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971890

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN RAMMING

Mailing Address 3413 VINTAGE DR

City

ROUND ROCK

State

TX

Zip Code

78664-7902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RAMMING PAVING CO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSTRUCTOR

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931497

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1800 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. L. D. RAMSPOTT**

Mailing Address **1423 SAIL CT**

City State Zip Code  
**DISCOVERY BAY CA 94505-9426**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: **SA11.13928122**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**JENNIFER S. RAND**

Mailing Address **45 COUNTRY CLUB DR SW**

City State Zip Code  
**LAKEWOOD WA 98498-5303**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: **SA11.13934861**

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WAYNE C. RANDALL**

Mailing Address **19857 GREENVIEW DR.**

City State Zip Code  
**WOODBIDGE CA 95258-9231**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNITED PALLET SERVICES, INC.**

Occupation  
**PRESIDENT/OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: **SA11.13942973**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2150.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1801 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. WAYNE C. RANDALL

Mailing Address 19857 GREENVIEW DR.

City State Zip Code  
WOODBIDGE CA 95258-9231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNITED PALLET SERVICES,  
INC.

Occupation  
PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13958236

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES P. RANDLE

Mailing Address 2464 BEAR DEN RD

City State Zip Code  
FREDERICK MD 21701-9319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928981

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JAMES P. RANDLE

Mailing Address 2464 BEAR DEN RD

City State Zip Code  
FREDERICK MD 21701-9319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945635

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1802 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JACK RANDORFF**

Mailing Address **11 W CANYONVIEW DR**

City State Zip Code  
**RANSOM CANYON TX 79366-2206**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RANDORFF AND ASSOCIATES  
 INC**

Occupation  
**ACOUSTICAL ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954857

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. JOY M. RANDOLPH**

Mailing Address **4190 RIVERMONT DR.**

City State Zip Code  
**EVANS GA 30809-4862**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13948727

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT S. RANDOLPH**

Mailing Address **301 RIO VISTA RD.**

City State Zip Code  
**TORRINGTON WY 82240-1707**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931811

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1803 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS N. RANEY

Mailing Address 2615 LANCELOT DR SE

City

HUNTSVILLE

State

AL

Zip Code

35803-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949794

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES ALVIN RANKIN

Mailing Address 325 FOX CHASE ST.

City

WARRENTON

State

VA

Zip Code

20186-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FURNITURE RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939730

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JESSICA A. RANSEHOUSEN

Mailing Address P.O. BOX 807

City

UNIONVILLE

State

PA

Zip Code

19375-0807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964166

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1804 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. VIDA RANUM**

Mailing Address **10463 KING CIR**

City State Zip Code  
**WESTMINSTER CO 80031-2207**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941484

Amount of Each Receipt this Period

22.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. H. LEWIS RAPAPORT**

Mailing Address **620 5TH AVE**

City State Zip Code  
**PELHAM NY 10803-1208**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**COMPONENT ASSEMBLY SYSTEMS**

Occupation  
**BUILDING CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13966759

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. MORTON RAPPAPORT**

Mailing Address **3068 DONA SUSANA DR.**

City State Zip Code  
**STUDIO CITY CA 91604-4352**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13944615

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1047.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1805 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MORTON RAPPAPORT

Mailing Address 3068 DONA SUSANA DR.

City

STUDIO CITY

State

CA

Zip Code

91604-4352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950327

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MORTON RAPPAPORT

Mailing Address 3068 DONA SUSANA DR.

City

STUDIO CITY

State

CA

Zip Code

91604-4352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950338

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MORTON RAPPAPORT

Mailing Address 3068 DONA SUSANA DR.

City

STUDIO CITY

State

CA

Zip Code

91604-4352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954861

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1806 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. SAM S. RASHID

Mailing Address PO BOX 2190

City

BRANDON

State

FL

Zip Code

33509-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966049

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE RASKIN

Mailing Address 6460 SPARTINA CIR.

City

JUPITER

State

FL

Zip Code

33458-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959387

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. RASTATTER

Mailing Address 9540 GUILFORD RD  
UNIT 225

City

COLUMBIA

State

MD

Zip Code

21046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERC NA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ENGINEER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929676

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1807 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. THOMAS RASTIN

Mailing Address 17441 GLENN ROAD

City State Zip Code  
MOUNT VERNON OH 43050-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945244

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JAMES M. RATCLIFFE

Mailing Address 445 LIGHTFOOT RD.

City State Zip Code  
LOUISVILLE KY 40207-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958324

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. PERRY E. RATLIFF

Mailing Address 807 EVERGREEN ST

City State Zip Code  
BORGER TX 79007-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941130

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1808 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. PERRY E. RATLIFF

Mailing Address 807 EVERGREEN ST

City State Zip Code  
BORGER TX 79007-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943593

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. PERRY E. RATLIFF

Mailing Address 807 EVERGREEN ST

City State Zip Code  
BORGER TX 79007-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943662

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. PERRY E. RATLIFF

Mailing Address 807 EVERGREEN ST

City State Zip Code  
BORGER TX 79007-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951714

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1809 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PERRY E. RATLIFF

Mailing Address 807 EVERGREEN ST

City

BORGER

State

TX

Zip Code

79007-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953611

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. RATEREE

Mailing Address 1560 WINDING CREEK CIR

City

SNELLVILLE

State

GA

Zip Code

30078-5814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946612

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. RAU

Mailing Address 50264 287TH AVE

City

ELGIN

State

MN

Zip Code

55932-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928120

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

187.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1810 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ASHLEY ROSE RAUSCH**

Mailing Address **10159 EAT 11TH STREET  
 SUITE 415**

City State Zip Code  
**TULSA OK 74128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RAUSCH CORPORATE HOMES**

Occupation  
**REAL ESTATE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13928418**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ARLE R. RAWLINGS**

Mailing Address **15250 N. 12TH STREET**

City State Zip Code  
**PHOENIX AZ 85022-3805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MASTER CRAFT COMPANY**

Occupation  
**CEO/PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941763**

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. GEORGE S. RAWSON**

Mailing Address **17050 ARNOLD DR APT F210**

City State Zip Code  
**RIVERSIDE CA 92518-2858**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13947765**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2800.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1811 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEWIS RAY

Mailing Address 1201 TREY CT SW

City

MARIETTA

State

GA

Zip Code

30064-5321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951573

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM N. RAY

Mailing Address 1117 30TH ST SOUTH

City

BIRMINGHAM

State

AL

Zip Code

35205-1103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932534

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. IRIS B. RAYMOND

Mailing Address 18026 SAND WEDGE RD

City

HAGERSTOWN

State

MD

Zip Code

21740-7966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955046

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

261.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1812 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BILLIE G. READ

Mailing Address 746 COUNTY RD. 3336

City

PARADISE

State

TX

Zip Code

76073-2226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949209

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM READ

Mailing Address 1620 DETWILER CT

City

YORK

State

PA

Zip Code

17403-4622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931276

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM READ

Mailing Address 1620 DETWILER CT

City

YORK

State

PA

Zip Code

17403-4622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965748

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1813 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ZELLA BERNICE REAGIN**

Mailing Address **1750 HAZELWOOD ST**

City State Zip Code  
**CONROE TX 77301-4031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13938342**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. ZELLA BERNICE REAGIN**

Mailing Address **1750 HAZELWOOD ST**

City State Zip Code  
**CONROE TX 77301-4031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

**Transaction ID: SA11.13964133**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**LAWRENCE REAMS**

Mailing Address **8140 COLLINGWOOD CT**

City State Zip Code  
**UNIVERSITY PARK FL 34201-2349**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13949788**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**160.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1814 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LILLIAN REBER

Mailing Address 2065 S SAN VINCENT DR

City

GREEN VALLEY

State

AZ

Zip Code

85614-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13947498

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANE RECK

Mailing Address 118 BELLEVUE BLVD. S.

City

BELLEVUE

State

NE

Zip Code

68005-2441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13963232

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. REDDEN

Mailing Address P.O. BOX 243

City

CANTERBURY

State

NH

Zip Code

03224-0243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941362

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1815 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER REDDING

Mailing Address 166 WINTER ST.

City

HOPKINTON

State

MA

Zip Code

01748-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REDDING ASS.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947846

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALEX J. REDFORD

Mailing Address 2717 E 14TH ST

City

THE DALLES

State

OR

Zip Code

97058-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933029

Amount of Each Receipt this Period

52.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR W. REED

Mailing Address 3491 ZURICH CT

City

CARSON CITY

State

NV

Zip Code

89705-7020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931084

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

178.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1816 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA J. REED

Mailing Address P.O. BOX 192

City

WILLIAMS

State

OR

Zip Code

97544-0192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968308

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN R. REED

Mailing Address 4218 CRUZE RD

City

KNOXVILLE

State

TN

Zip Code

37920-5118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946213

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN REED

Mailing Address 808 WEST ST

City

HOLLISTER

State

CA

Zip Code

95023-4619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REED MANUFACTURING INC

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957315

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1817 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**JOHN REED**

Mailing Address **808 WEST ST**

City State Zip Code  
**HOLLISTER CA 95023-4619**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**REED MANUFACTURING INC**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13964914

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**JOHN REED**

Mailing Address **808 WEST ST**

City State Zip Code  
**HOLLISTER CA 95023-4619**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**REED MANUFACTURING INC**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 09 / 2010**

Transaction ID: SA11.13967402

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JOYCE S. REED**

Mailing Address **56 ROBERT E LEE DR**

City State Zip Code  
**FLAT ROCK NC 28731-7783**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**209.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928210

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**215.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1818 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. MANSEL REED**

Mailing Address **1158 HIGHWAY 589**

City State Zip Code  
**SIDNEY TX 76474-3403**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13949727

Amount of Each Receipt this Period

120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. SHIRLEY A. REED**

Mailing Address **5431 EL DORADO DRIVE**

City State Zip Code  
**HUNTINGTON BEACH CA 92649-4569**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13934035

Amount of Each Receipt this Period

120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**DR. JAMES L. REEDER**

Mailing Address **121 LAKE POINTE CIR SW**

City State Zip Code  
**HUNTSVILLE AL 35824-1301**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13965329

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1819 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HARRY REEDY

Mailing Address 1100 SEMINOLE DR.

City

WEST COLUMBIA

State

SC

Zip Code

29169-6624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947854

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEN R. REES

Mailing Address 2261 DEBORAH LN

City

EDMOND

State

OK

Zip Code

73034-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEARTLAND EXPLORATIION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951528

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NORMAN E. REES

Mailing Address 2406 HIGH POINTE CT

City

FAIRFIELD

State

CA

Zip Code

94534-7548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949997

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1820 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NORMAN E. REES

Mailing Address 2406 HIGH POINTE CT

City

FAIRFIELD

State

CA

Zip Code

94534-7548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13962928

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM B. REES

Mailing Address 11441 DONA DOROTEA DR.

City

STUDIO CITY

State

CA

Zip Code

91604-4248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13956470

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLELAND P. REESE

Mailing Address 492 LENNOX DR

City

FAYETTEVILLE

State

NC

Zip Code

28303-5171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931557

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

605.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1821 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLELAND P. REESE

Mailing Address 492 LENNOX DR

City

FAYETTEVILLE

State

NC

Zip Code

28303-5171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963340

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FREDDIE W. REESE

Mailing Address 385 GRAND BLVD

City

BOONE

State

NC

Zip Code

28607-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13938318

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GLORIA A. REESE

Mailing Address 450 N MAPLE DR

City

BEVERLY HILLS

State

CA

Zip Code

90210-3850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13928881

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1822 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. K. DEAN REEVES**

Mailing Address **4740 EL MONTE STREET**

City State Zip Code  
**SHAWNEE MISSION KS 66205-1348**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**675.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13935457**

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. KATHLEEN REGAN**

Mailing Address **500 NEWPORT CENTER DRIVE  
 SUITE 910**

City State Zip Code  
**NEWPORT BEACH CA 92660-7009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13951125**

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DICK REHM**

Mailing Address **6681 S BLUEBIRD RD**

City State Zip Code  
**LAKE TOMAHAWK WI 54539-9450**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID: SA11.13938511**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1823 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID REHR

Mailing Address 2750 N. QUEBEC STREET

City

ARLINGTON

State

VA

Zip Code

22207-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEADING AUTHORITIES

Occupation

SENIOR ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929757

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GREGORY C. REICHLE

Mailing Address 106 MICHAUX RD

City

RIVERSIDE

State

IL

Zip Code

60546-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954361

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR J. REID

Mailing Address 8110 S. WEST BAY SHORE DRIVE

City

TRAVERSE CITY

State

MI

Zip Code

49684-9487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961488

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1355.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1824 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. LISA REID

Mailing Address 1316 MORaine PL

City State Zip Code  
HEATH TX 75032-8902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRG. PETROLEUM

Occupation  
HUMAN RESOURCES MGR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947714

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM R. REID

Mailing Address 121 4TH STREET

City State Zip Code  
DOWNERS GROVE IL 60515-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARVIN-CLAUSS SIGN COMPANY

Occupation  
SIGN PAINTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954507

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. BARBARA REIDA

Mailing Address 711 EDEN TER.

City State Zip Code  
EASTON PA 18042-6971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954538

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1225.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1825 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LOUIS R. REIF

Mailing Address 225 BRIARHILL RD

City

WILLIAMSVILLE

State

NY

Zip Code

14221-1843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933602

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN REIFSTECK

Mailing Address 2145 PRESIDENTIAL DR

City

CHARLESTON

State

WV

Zip Code

25314-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936927

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GORDON REIGLE

Mailing Address 4813 SPRING MEADOW LN. UNIT 7  
UNIT 7

City

MIDLAND

State

TX

Zip Code

79705-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940742

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1826 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GORDON REIGLE**

Mailing Address **4813 SPRING MEADOW LN. UNIT 7**  
**UNIT 7**

City State Zip Code  
**MIDLAND TX 79705-2945**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972012

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. FRANCIS N. REILLY**

Mailing Address **1915 CRESCENT DR**

City State Zip Code  
**ROCKPORT TX 78382-3619**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946500

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MICHAEL REILLY**

Mailing Address **327 JEFFERSON RD**

City State Zip Code  
**PRINCETON NJ 08540-3414**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHNSON & JOHNSON**

Occupation

**TAX ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 16 / 2010**

Transaction ID: SA11.13928723

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1827 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
SUSAN W. REILLY

Mailing Address 2750 EVERGREEN POINT RD.

City	State	Zip Code
MEDINA	WA	98039-1526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CAREGIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933288

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. THERESA REILLY

Mailing Address 55 S HYDE AVE APT 309

City	State	Zip Code
ISELIN	NJ	08830-2183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	1	0

Transaction ID: SA11.13967345

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. WERNER J. REINARTZ

Mailing Address P.O. BOX 1710

City	State	Zip Code
BETHLEHEM	PA	18016-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REYNOLDS & REYNOLDS ELECT-  
RONICSOccupation  
SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13943030

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

526.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1828 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WERNER J. REINARTZ

Mailing Address P.O. BOX 1710

City

BETHLEHEM

State

PA

Zip Code

18016-1710

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
REYNOLDS & REYNOLDS ELECT-  
RONICS

Occupation

SALES &amp; MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951633

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WERNER J. REINARTZ

Mailing Address P.O. BOX 1710

City

BETHLEHEM

State

PA

Zip Code

18016-1710

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
REYNOLDS & REYNOLDS ELECT-  
RONICS

Occupation

SALES &amp; MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964546

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WERNER J. REINARTZ

Mailing Address P.O. BOX 1710

City

BETHLEHEM

State

PA

Zip Code

18016-1710

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
REYNOLDS & REYNOLDS ELECT-  
RONICS

Occupation

SALES &amp; MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: SA11.13968017

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1829 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ZOILAN. REINA

Mailing Address 15974 SW 103RD LANE

City

MIAMI

State

FL

Zip Code

33196-6152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAPTIST HOSPITAL

Occupation  
NURSE/RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954627

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALLEN P. REINHARDT

Mailing Address 100 FAIRWAY POINTE CIRCLE

City

ORLANDO

State

FL

Zip Code

32828-8508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936944

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WM REINHARDT, JR.

Mailing Address 445 HOLLY LN. N

City

SAINT PAUL

State

MN

Zip Code

55128-7034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943788

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1830 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. REYNOLD REINSMA

Mailing Address 18358 WILLOW LN

City

LANSING

State

IL

Zip Code

60438-3356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954505

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH M. RENBERG

Mailing Address 15 E 5TH STREET  
SUITE 3500

City

TULSA

State

OK

Zip Code

74103-4342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LEE KEELING ASSOCIATES IN-  
CORPORATED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PETROLEUM CONSULTANT

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957915

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ALMA RENEGAR

Mailing Address P.O. BOX 450907

City

GROVE

State

OK

Zip Code

74345-0907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941387

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1831 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. ALMA RENEGAR

Mailing Address P.O. BOX 450907

City State Zip Code  
GROVE OK 74345-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973004

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM F. RENFROW, JR.

Mailing Address 8910 HANA COURT

City State Zip Code  
DIAMONDHEAD MS 39525-3667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957324

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. LOIS RENKER

Mailing Address 50 WILLOW BROOK WAY N

City State Zip Code  
DELAWARE OH 43015-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950508

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1832 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH T. RENN

Mailing Address P.O. BOX 176

City

IRON MOUNTAIN

State

MI

Zip Code

49801-0176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928885

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY SUSAN RENZI

Mailing Address 1954 W. GLENOAKS, # H

City

ANAHEIM

State

CA

Zip Code

92801-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931632

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KAROLY REPASI

Mailing Address N4930 COUNTY ROAD J

City

OXFORD

State

WI

Zip Code

53952-9140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946573

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1833 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KAROLY REPASI

Mailing Address N4930 COUNTY ROAD J

City

OXFORD

State

WI

Zip Code

53952-9140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960601

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DAVID RESEN

Mailing Address PO BOX 43

City

GREEN LAKE

State

WI

Zip Code

54941-0043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVID RESEN PATHOLOGY SER-  
VICES

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951357

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID E. RESEN

Mailing Address PO BOX 43

City

GREEN LAKE

State

WI

Zip Code

54941-0043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951343

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1834 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONOVAN L. RESH

Mailing Address 3709 WASHINGTON WOODS DR

City

ALEXANDRIA

State

VA

Zip Code

22309-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951608

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT RESNIK

Mailing Address 3517 SHORELINE CIRCLE

City

PALM HARBOR

State

FL

Zip Code

34684-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBERT RESNIK, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REAL ESTATE

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959332

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. REYES

Mailing Address 10712 ALLOWAY DR.

City

POTOMAC

State

MD

Zip Code

20854-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORION ENT. INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966113

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1835 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. C REYNOLDS

Mailing Address 917 PIEDMONT AVE

City State Zip Code  
BRISTOL VA 24201-3449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969226

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. DEWITT C. REYNOLDS

Mailing Address P.O. BOX 818  
2406 BAYVIEW AVE

City State Zip Code  
BARNEGAT LIGHT NJ 08006-0818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951532

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
ROBIN REYNOLDS

Mailing Address 4116 BARBERRY DRIVE

City State Zip Code  
LAFAYETTE HILL PA 19444-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959487

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1836 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBIN REYNOLDS

Mailing Address 4116 BARBERRY DRIVE

City

LAFAYETTE HILL

State

PA

Zip Code

19444-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	1	0

Transaction ID: SA11.13967575

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROY F. REYNOLDS

Mailing Address 127 BLAZING STAR TRL.

City

ALTO

State

NM

Zip Code

88312-8001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940672

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEY A. REYNOLDS

Mailing Address 325 COLLEGE ST.

City

MARION

State

VA

Zip Code

24354-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964795

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1837 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WAYLAND REYNOLDS**

Mailing Address **1106 W HIGHLAND AVE**

City State Zip Code  
**REDLANDS CA 92373-6657**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

**Transaction ID: SA11.13941230**

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WAYLAND REYNOLDS**

Mailing Address **1106 W HIGHLAND AVE**

City State Zip Code  
**REDLANDS CA 92373-6657**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

**Transaction ID: SA11.13949319**

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WAYLAND REYNOLDS**

Mailing Address **1106 W HIGHLAND AVE**

City State Zip Code  
**REDLANDS CA 92373-6657**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

**Transaction ID: SA11.13960638**

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**60.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1838 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM T. REYNOLDS**

Mailing Address **2905 MARS ST.**

City State Zip Code  
**RALEIGH NC 27604-3923**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**855.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931804

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH A. RHEINGANS**

Mailing Address **3006 E 51ST. ST. APT. 15**

City State Zip Code  
**TULSA OK 74105-6311**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936920

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ALAN L. RHODES**

Mailing Address **3218 RASMONT RD**

City State Zip Code  
**ROANOKE VA 24018-6310**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**214.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13938960

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**236.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1839 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. BETTY J. RHODERICK**

Mailing Address **10149 SUMAC LN**

City State Zip Code  
**INDIANAPOLIS IN 46236-8481**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13960434

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DAVE RHODES**

Mailing Address **20134 E LAKESHORE DR**

City State Zip Code  
**MAGNOLIA TX 77355-6397**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOUSTON DSR PATROL**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13918820

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. EDIN H. RHYNE**

Mailing Address **7218 UNIVERSITY DR  
 P.O. BOX 491**

City State Zip Code  
**HENRICO VA 23229-7422**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**RETIRED**

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956852

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**195.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1840 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. MAGED F. RIAD

Mailing Address 26 MOUNT HOLLY DRIVE  
ROOM 2000

City State Zip Code  
RYE NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RID & ASSOCIATES P.C.

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961816

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ARTHUR R. RIBEN

Mailing Address 2430 RIVIERA DR

City State Zip Code  
DELRAY BEACH FL 33445-1346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945380

Amount of Each Receipt this Period

410.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. JERRY RICE

Mailing Address 115 RIPPLE CREEK ROAD

City State Zip Code  
SHAVANO PARK TX 78231-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939040

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

611.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1841 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUDITH K. RICE

Mailing Address 679 RIVER RD.

City

MONTGOMERY

State

TX

Zip Code

77356-5552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955864

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE E. RICE

Mailing Address 6939 BURROBACK AVE

City

COLORADO SPGS

State

CO

Zip Code

80911-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940280

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED A. RICE

Mailing Address 2419 AVENUE F

City

COUNCIL BLUFFS

State

IA

Zip Code

51501-2251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959259

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1842 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. RICE

Mailing Address 118 SOUTHERN ST

City

CORPUS CHRISTI

State

TX

Zip Code

78404-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROYAL EXPLORATION CO.

Occupation

PETROLEUM GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945224

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. RICE

Mailing Address 118 SOUTHERN ST

City

CORPUS CHRISTI

State

TX

Zip Code

78404-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROYAL EXPLORATION CO.

Occupation

PETROLEUM GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966531

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. RICE

Mailing Address 6910 HOPEFUL ROD APT 2112

City

FLORENCE

State

KY

Zip Code

41042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965275

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1843 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GAYLE RICH

Mailing Address 6298 CAMINO CORTO

City

SAN DIEGO

State

CA

Zip Code

92120-3148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951677

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIS A. RICH

Mailing Address 5859 WILD FIG LN

City

FORT MYERS

State

FL

Zip Code

33919-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965223

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CARLEEN RICHARDS

Mailing Address P.O. BOX 141359

City

IRVING

State

TX

Zip Code

75014-1359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCHON

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941590

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1844 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CARLEEN RICHARDS

Mailing Address P.O. BOX 141359

City

IRVING

State

TX

Zip Code

75014-1359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCHON

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965147

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID B. RICHARD

Mailing Address 82 BIRCH AVENUE

City

CORTE MADERA

State

CA

Zip Code

94925-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969257

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GAYLE S. RICHARDSON

Mailing Address 12200 BACK CANYON ROAD

City

CALIENTE

State

CA

Zip Code

93518-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951847

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

251.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1845 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HUGH RICHARDSON

Mailing Address 20510 FALCONS LANDING CIR., APT. 1  
APT. 1306

City State Zip Code  
STERLING VA 20165-7596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964774

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. RICHARDSON

Mailing Address 771 RIDGEVIEW DR.

City State Zip Code  
OGDEN UT 84403-3001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SECURITY OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954569

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LUNS福德 RICHARDSON, JR.

Mailing Address 6 BUTLER STREET

City State Zip Code  
NORWALK CT 06850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2940.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931390

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1846 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LUNSFORD RICHARDSON, JR.

Mailing Address 6 BUTLER STREET

City

NORWALK

State

CT

Zip Code

06850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2940.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956716

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY ELLA RICHARDSON

Mailing Address 509  
ROUTE 530 APT. 131

City

WHITING

State

NJ

Zip Code

08759-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943850

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NORMAN A. RICHARDS

Mailing Address 5115 WOODHURST BLVD.

City

FORT WAYNE

State

IN

Zip Code

46807-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934625

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1086.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1847 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. NORMAN A. RICHARDS

Mailing Address 5115 WOODHURST BLVD.

City State Zip Code  
FORT WAYNE IN 46807-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935955

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. NORMAN A. RICHARDS

Mailing Address 5115 WOODHURST BLVD.

City State Zip Code  
FORT WAYNE IN 46807-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954759

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. NORMAN A. RICHARDS

Mailing Address 5115 WOODHURST BLVD.

City State Zip Code  
FORT WAYNE IN 46807-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954934

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

51.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1848 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. PATRICE RICHARDSON**

Mailing Address **14715 BEAR CREEK PASS**

City State Zip Code  
**AUSTIN TX 78737-8935**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1701.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13932944**

Amount of Each Receipt this Period

**201.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM D. RICHARDS**

Mailing Address **309 HAMPTON ROAD**

City State Zip Code  
**KNG OF PRUSSA PA 19406-2012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13964314**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. JOSEPH J. RICHERT**

Mailing Address **PO BOX 189**

City State Zip Code  
**NEW BOSTON MI 48164-0189**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SPECIAL TREE REHAB**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13962572**

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**361.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1849 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. PATRICIA E. RICHEY

Mailing Address P.O. BOX 39

City

GALLATIN GATEWAY

State

MT

Zip Code

59730-0039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TISMCO

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13948561

Amount of Each Receipt this Period

11.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RUSTIN J. RICKS

Mailing Address 66 WALLIS RD

City

VILLA RICA

State

GA

Zip Code

30180-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951292

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARGARET RIDDERHEIM

Mailing Address 12117 CHESTERBROOK CT.

City

FORT WAYNE

State

IN

Zip Code

46845-1965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13931412

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

166.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1850 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROBERTA KAYE RIDDELL

Mailing Address 115 HOLLY ST.

City

CONNERSVILLE

State

IN

Zip Code

47331-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936179

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ROBERTA KAYE RIDDELL

Mailing Address 115 HOLLY ST.

City

CONNERSVILLE

State

IN

Zip Code

47331-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937311

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROBERTA KAYE RIDDELL

Mailing Address 115 HOLLY ST.

City

CONNERSVILLE

State

IN

Zip Code

47331-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953408

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1851 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. RIDGWAY

Mailing Address 2041 MCNEILL STREET

City

PORT TOWNSEND

State

WA

Zip Code

98368-7856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963831

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD H. RIDGWAY

Mailing Address 414 CHARLEMAGNE DR.

City

LAKE SAINT LOUIS

State

MO

Zip Code

63367-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958521

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MAUREEN RIEBEL

Mailing Address 145 DODGE RD.

City

BOERNE

State

TX

Zip Code

78006-8526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELEGANT EVENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971589

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

271.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1852 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL D. RIED

Mailing Address 11 HARDING AVE

City

LOCKPORT

State

NY

Zip Code

14094-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REID GROUP

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946007

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER H. RIETZ

Mailing Address 32200 SW FRENCH PRAIRIE RD APT

City

WILSONVILLE

State

OR

Zip Code

97070-7888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960066

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA E. RIFFEL

Mailing Address 8414 W 16TH CT N

City

WICHITA

State

KS

Zip Code

67212-5846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949821

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

380.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1853 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL W. RIGALI

Mailing Address 125 CARDINAL RD.

City

LEVITTOWN

State

NY

Zip Code

11756-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USPS

Occupation

POSTAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935002

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL W. RIGALI

Mailing Address 125 CARDINAL RD.

City

LEVITTOWN

State

NY

Zip Code

11756-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USPS

Occupation

POSTAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950290

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL W. RIGALI

Mailing Address 125 CARDINAL RD.

City

LEVITTOWN

State

NY

Zip Code

11756-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USPS

Occupation

POSTAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960161

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1854 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
PAT RIGGENBACH

Mailing Address 17300 N 88TH AVE APT 137

City State Zip Code  
PEORIA AZ 85382-3502FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951328

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ALLAN E. RIGGIN

Mailing Address 13329 NICKLESON DR

City State Zip Code  
WOODBIDGE VA 22193-4168FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929415

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. ALLAN E. RIGGIN

Mailing Address 13329 NICKLESON DR

City State Zip Code  
WOODBIDGE VA 22193-4168FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959782

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1855 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DONNA M. RIGGINS

Mailing Address 2273 LANKFORD RD

City

BOWERSVILLE

State

GA

Zip Code

30516-2060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIGGINS PHARMACY

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928827

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELEANOR R. RIGGS

Mailing Address 507 BRIGHTWOOD CLUB DR.

City

LUTHVLE TIMON

State

MD

Zip Code

21093-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944758

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK RIGO

Mailing Address 5427 CHAPEL BROOK DRIVE

City

HOUSTON

State

TX

Zip Code

77069-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955974

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1856 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID RILEY

Mailing Address 1957 POTTER ST

City

EUGENE

State

OR

Zip Code

97405-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ORGEAN

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929066

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH RILEY

Mailing Address 4 WESTBURY RD

City

LUTHERVILLE TIMONI

State

MD

Zip Code

21093-5536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERCY MED.CTR.

Occupation

NURSE/RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968840

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JULIA A. RILEY

Mailing Address 371 QUEENS DR S

City

NEWARK

State

OH

Zip Code

43055-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931892

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1857 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM RILEY

Mailing Address P.O. BOX 73144

City

PUYALLUP

State

WA

Zip Code

98373-0144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955014

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE G. RINDER

Mailing Address 169 PHEASANT HOLLOW DRIVE

City

WILLOWBROOK

State

IL

Zip Code

60527-5050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931662

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICK RIORDAN

Mailing Address 127 SHEPHERDS GLEN RD.

City

HEATH

State

TX

Zip Code

75032-7613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941169

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1858 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSANA RIOS

Mailing Address 1099 22ND ST NW

City

WASHINGTON

State

DC

Zip Code

20037-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928530

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUSANA RIOS

Mailing Address 1099 22ND ST NW

City

WASHINGTON

State

DC

Zip Code

20037-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969821

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE RIPA

Mailing Address 5 TAMMI CT.

City

KINGS PARK

State

NY

Zip Code

11754-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAWRENCE RIPA

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959817

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1859 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN RIPPEL

Mailing Address 7 BRENTWOOD COURT

City

SUGAR LAND

State

TX

Zip Code

77479-5659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIANCE

Occupation

REAL ESTATE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957929

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD RIPPETEAU

Mailing Address 488 NEELY TRAIL

City

VALLEY VIEW

State

TX

Zip Code

76272-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

REAL ESTATE AGENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969884

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD J. RISE

Mailing Address 905 N KINNEY AVE

City

MOUNT PLEASANT

State

MI

Zip Code

48858-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MACHINE SHOP OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936812

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1860 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD J. RISE

Mailing Address 905 N KINNEY AVE

City

MOUNT PLEASANT

State

MI

Zip Code

48858-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MACHINE SHOP OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972905

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE J. RITCHOT

Mailing Address 19436 FOXDALE CIR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648-6614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERTON STEEL

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963526

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID RITCHIE

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968681

Amount of Each Receipt this Period

289.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

589.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1861 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH J. RITCHIE

Mailing Address P.O. BOX 500

City

WEST CHATHAM

State

MA

Zip Code

02669-0500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959946

Amount of Each Receipt this Period

241.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. RITCHIE

Mailing Address 621 RODEO RD

City

FULLERTON

State

CA

Zip Code

92835-4050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935515

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. RITCHIE

Mailing Address 621 RODEO RD

City

FULLERTON

State

CA

Zip Code

92835-4050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972853

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

741.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1862 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. ROBERT L. RITER

Mailing Address 3 HILLBURN CT

City State Zip Code  
NORTH BARRINGTON IL 60010-6927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966268

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM C. RITTER

Mailing Address 319 HYSLIP AVE

City State Zip Code  
WESTFIELD NJ 07090-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968227

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. SCOTT RIVENESS

Mailing Address 3911 OAKMONT COURT

City State Zip Code  
SUGAR LAND TX 77479-2458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955975

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5275.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1863 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAPHAEL RIVERSO

Mailing Address 1 DORCHESTER DR

City

SCARSDALE

State

NY

Zip Code

10583-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963149

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EUNICE RIXMAN

Mailing Address 6505 BLUEFIELD PL

City

SAN DIEGO

State

CA

Zip Code

92120-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13928876

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL RIZZI

Mailing Address 401 9TH STREET, NW  
SUTE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODYOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13968680

Amount of Each Receipt this Period

1297.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1547.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1864 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
VINCENT RIZZO

Mailing Address 2340 N DE COOK CT.

City State Zip Code  
PARK RIDGE IL 60068-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SERVICE STATION OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958827

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
VINCENT RIZZO

Mailing Address 2340 N DE COOK CT.

City State Zip Code  
PARK RIDGE IL 60068-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SERVICE STATION OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965228

Amount of Each Receipt this Period

15.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
CHARLES R. ROACH

Mailing Address 9241 ARBAN DR.

City State Zip Code  
SAINT LOUIS MO 63126-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943280

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1865 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES R. ROACH

Mailing Address 9241 ARBAN DR.

City

SAINT LOUIS

State

MO

Zip Code

63126-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944936

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH ROBB

Mailing Address 4 GILLAND CT.

City

NOTTINGHAM

State

MD

Zip Code

21236-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYEDOccupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

841.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935663

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH ROBB

Mailing Address 4 GILLAND CT.

City

NOTTINGHAM

State

MD

Zip Code

21236-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYEDOccupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

841.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949702

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

265.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1866 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RITA E. ROBBINS

Mailing Address 1615 CLARK RD

City

MARKLE

State

IN

Zip Code

46770-9072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959646

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN M. ROBE

Mailing Address 2851 CAROB ST

City

NEWPORT BEACH

State

CA

Zip Code

92660-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965257

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BARBARA J. ROBERSON

Mailing Address P.O. BOX 275

City

GAINESVILLE

State

TX

Zip Code

76241-0275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967302

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1867 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. CINDY ROBERTSON**

Mailing Address **12706 COLBY COVE CT**

City State Zip Code  
**CHESTER VA 23831-4343**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931602

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. DEBRA K. ROBERTS**

Mailing Address **1008 EASTBOURNE CT.**

City State Zip Code  
**FREDERICK MD 21702-5119**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13918545

Amount of Each Receipt this Period

85.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. DONALD C. ROBERTS**

Mailing Address **23500 CRISTO REY DRIVE 417E**

City State Zip Code  
**CUPERTINO CA 95014-6533**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13971258

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1868 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GLORIA J. ROBERSON

Mailing Address 1204 PALADIN WAY

City

PLEASANTON

State

CA

Zip Code

94566-2206

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13947804

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANE W. ROBERTS

Mailing Address P.O. BOX 151

City

FITZWILLIAM

State

NH

Zip Code

03447-0151

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940696

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY T. ROBERTS

Mailing Address 8801 TRAILING CEDAR DRIVE

City

RALEIGH

State

NC

Zip Code

27613-1141

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963701

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

420.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1869 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY T. ROBERTS

Mailing Address 8801 TRAILING CEDAR DRIVE

City

RALEIGH

State

NC

Zip Code

27613-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964038

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH DEAN ROBERTSON

Mailing Address 6422 N LENOX AVENUE

City

NICHOLS HILLS

State

OK

Zip Code

73116-5641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955084

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK ROBERTS

Mailing Address 2185 KYLE ROAD

City

BARTLESVILLE

State

OK

Zip Code

74006-6336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MUSKOGEE COMMUNITY HOSPIT-  
AL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942985

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1870 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. RUTH ROBERTS**

Mailing Address **5402 E. MCKELLIPS ROAD**  
**LOT 150**

City State Zip Code  
**MESA AZ 85215-2674**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949696

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. S. COLES ROBERTS**

Mailing Address **181 MEDFORD LEAS**

City State Zip Code  
**MEDFORD NJ 08055-2234**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**346.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936911

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. S. HARRY ROBERTSON**

Mailing Address **5994 E ORANGE BLOSSOM LN**

City State Zip Code  
**PHOENIX AZ 85018-6733**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**501.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945920

Amount of Each Receipt this Period

**501.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**651.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1871 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. ROBERTS

Mailing Address 1257 SPOONBILL LANDINGS CIR

City

BRADENTON

State

FL

Zip Code

34209-7378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928467

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VALDEN L. ROBERTSON

Mailing Address 3902 YEGUA CREEK CT

City

COLLEGE STATION

State

TX

Zip Code

77845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940665

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SUSAN ROBFOGEL

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968690

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1872 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. BONNIE B. ROBINSON**

Mailing Address **9037 HERITAGE BAY CIR**

City State Zip Code  
**ORLANDO FL 32836-5063**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13948405

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. EMBREE L. ROBINSON**

Mailing Address **8450 LAZY OAKS CT**

City State Zip Code  
**ATLANTA GA 30350-3532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13928561

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MALCOLM W. ROBINSON, JR.**

Mailing Address **P.O. BOX 427**

City State Zip Code  
**PONTE VEDRA FL 32004-0427**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13933773

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**141.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1873 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MYRA M. ROBINSON

Mailing Address 5200 N KNOXVILLE AVE APT. 304N

City

PEORIA

State

IL

Zip Code

61614-5057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13955077

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ORRIN S. ROBINSON

Mailing Address 4905 GOODFAITH RD.

City

PINE BLUFF

State

AR

Zip Code

71603-8718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13932679

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ORRIN S. ROBINSON

Mailing Address 4905 GOODFAITH RD.

City

PINE BLUFF

State

AR

Zip Code

71603-8718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	1	0

Transaction ID: SA11.13969888

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

601.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1874 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

RACHEL ROBINSON

Mailing Address BOX 1191866

City

SIoux FALLS

State

SD

Zip Code

57186-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AIADA

Occupation

GOVERNMENT RELATIONS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932404

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STAN ROBINSON

Mailing Address 2830 SKYLINE DR.

City

RUSSELLVILLE

State

AR

Zip Code

72802-9785

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INNOVATIVE INDUSTRIAL SOL-  
UTION

Occupation

PRESIDENT & CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13967888

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM W. ROBINSON

Mailing Address 734 BARTON SPRINGS DR

City

MCKINNEY

State

TX

Zip Code

75069-1985

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934644

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1875 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARYLEE C. ROBISON

Mailing Address 8641 SOUTH BRADEN AVENUE

City

TULSA

State

OK

Zip Code

74137-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGH TECH RESOURCES, INC.

Occupation

CEO/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951115

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. ROBY

Mailing Address 6000 RIVERSIDE DR APT A325

City

DUBLIN

State

OH

Zip Code

43017-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953024

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICH ROCHFORD

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXONO & PEABODY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968707

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1876 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS L. ROCKWELL

Mailing Address 31 CARDOGAN SQ

City

ROCHESTER

State

NY

Zip Code

14625-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RMI

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964472

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES RODEN

Mailing Address 3530 DAYLON DR.

City

CUMMING

State

GA

Zip Code

30028-4358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936715

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. RODERIQUE

Mailing Address 12 SUMMERSWEET LN

City

BALLWIN

State

MO

Zip Code

63011-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946786

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

353.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1877 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**LEE RODGERS**

Mailing Address **105 MONTROSE ST**

City State Zip Code  
**MORGANTON NC 28655-3710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BLUE RIDGE HEALTH CARE**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID: SA11.13918914**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**WILLIAM H. RODGERS**

Mailing Address **P.O. BOX 15580**

City State Zip Code  
**FERNANDINA BEACH FL 32035-3110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DEPT OF HEALTH OF FL**

Occupation  
**PH**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13934275**

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**EARL G. RODMAN**

Mailing Address **P.O. BOX 12250**

City State Zip Code  
**ODESSA TX 79768-2250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**OIL & GAS PRODUCTION**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID: SA11.13956480**

Amount of Each Receipt this Period

**400.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**551.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1878 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EARL G. RODMAN

Mailing Address P.O. BOX 12250

City

ODESSA

State

TX

Zip Code

79768-2250

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

OIL &amp; GAS PRODUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969213

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ALFREDO F. RODRIGUEZ

Mailing Address 1780 NE 37TH. PL.

City

HOMESTEAD

State

FL

Zip Code

33033-5577

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13932489

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALFREDO F. RODRIGUEZ

Mailing Address 1780 NE 37TH. PL.

City

HOMESTEAD

State

FL

Zip Code

33033-5577

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13955217

Amount of Each Receipt this Period

10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1879 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALFREDO F. RODRIGUEZ

Mailing Address 1780 NE 37TH. PL.

City

HOMESTEAD

State

FL

Zip Code

33033-5577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956606

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSPEH A. RODRIGUEZ

Mailing Address 30815 BARRINGTON ST

City

WESTLAND

State

MI

Zip Code

48186-5324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL BROTHERHOOD  
OF ELECTRICA

Occupation  
ELECTRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930978

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LOUIS RODRIGUEZ, JR.

Mailing Address 3212 W ASHBY PL.

City

SAN ANTONIO

State

TX

Zip Code

78228-5128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941439

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1880 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 LOUIS RODRIGUEZ, JR.

Mailing Address 3212 W ASHBY PL.

City State Zip Code  
**SAN ANTONIO TX 78228-5128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.50

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13944096**

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 LOUIS RODRIGUEZ, JR.

Mailing Address 3212 W ASHBY PL.

City State Zip Code  
**SAN ANTONIO TX 78228-5128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.50

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13946683**

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 LOUIS RODRIGUEZ, JR.

Mailing Address 3212 W ASHBY PL.

City State Zip Code  
**SAN ANTONIO TX 78228-5128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.50

Date of Receipt

**11 / 22 / 2010**

**Transaction ID: SA11.13972871**

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**110.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1881 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT T. ROE

Mailing Address 149 GLENGARRY LN

City

HAINESPORT

State

NJ

Zip Code

08036-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951228

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CAROL A. ROEHL

Mailing Address P.O. BOX 208

City

VOCA

State

TX

Zip Code

76887-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940222

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LUTHER S. ROEHM

Mailing Address 103 PLEASANT VALLEY WAY

City

WEST ORANGE

State

NJ

Zip Code

07052-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934826

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1882 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ROSS G. ROEPKE**

Mailing Address **1102 BRAGG CIRCLE**

City State Zip Code  
**TULLAHOMA TN 37388-2816**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931864

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**HUGH ROFF**

Mailing Address **600 TRAVIS STREET**

City State Zip Code  
**HOUSTON TX 77002-3009**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**ROFF RESOURCES LLC**

Occupation  
**CHAIRMAN OF THE BOARD**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13945597

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**EDDY ROGERS**

Mailing Address **3101 RED CORRAL RANCH ROAD**

City State Zip Code  
**WIMBERLEY TX 78676-4129**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**ANDREWSKURTH LLP**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 6 / 2 0 1 0**

Transaction ID: SA11.13928690

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1883 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EUGENE E. ROGERS

Mailing Address 9105 HAMPSTEAD AVENUE

City

LAS VEGAS

State

NV

Zip Code

89145-8521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959474

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. ROGERS

Mailing Address 2589 ESCADA DR

City

NAPLES

State

FL

Zip Code

34109-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965765

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARILE L. ROGERS

Mailing Address 24957 FAIRWINDS LANE

City

BONITA SPRINGS

State

FL

Zip Code

34135-9606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960961

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1884 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARILE L. ROGERS

Mailing Address 24957 FAIRWINDS LANE

City

BONITA SPRINGS

State

FL

Zip Code

34135-9606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972029

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PETER ROGERS, JR.

Mailing Address 11865 BRIGHT PASSAGE

City

COLUMBIA

State

MD

Zip Code

21044-4369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICROS SYSTEMS, INC.

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.13928741

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DEROY ROGGE

Mailing Address 4795 SW LEAFWING DR.

City

LEES SUMMIT

State

MO

Zip Code

64082-4864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940183

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1885 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY S. ROGGE

Mailing Address 178 ALDER AVENUE

City

OMRO

State

WI

Zip Code

54963-2014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ROGGE'S SAUSAGE INC.

Occupation  
 PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942523

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOUIS ROHL

Mailing Address 261 LEDROIT ST

City

LAGUNA BEACH

State

CA

Zip Code

92651-1346

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ROLIL LLC

Occupation  
 SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954763

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN ROHWER

Mailing Address 16404 PASADENA CIR

City

OMAHA

State

NE

Zip Code

68130-2122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957738

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1886 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH ROLEN**

Mailing Address **7205 N COMANCHE AVE**

City State Zip Code  
**WARR ACRES OK 73132-6633**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955355

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**KAREN ROLNCE**

Mailing Address **9708 S 49TH AVE.**

City State Zip Code  
**OAK LAWN IL 60453-3006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13961477

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**BEVERLY S. ROLISON**

Mailing Address **5369 N COUNTY ROAD 850 E**

City State Zip Code  
**POLAND IN 47868-8208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13935389

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**120.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1887 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR F. ROMANS

Mailing Address 173 PRIVATE DR. 3353

City

CHESAPEAKE

State

OH

Zip Code

45619-7871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933000

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICK ROMAN

Mailing Address 24 CARROLL COURT

City

SAN RAFAEL

State

CA

Zip Code

94903-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASSMUTUAL FINANCIAL GROUP

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942939

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOLORES C. ROME

Mailing Address 214 GOODWIN MTN LN.

City

ORLEANS

State

VT

Zip Code

05860-9248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1766.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946912

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

371.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1888 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. DOLORES C. ROME

Mailing Address 214 GOODWIN MTN LN.

City State Zip Code  
ORLEANS VT 05860-9248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1766.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954797

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. DOLORES C. ROME

Mailing Address 214 GOODWIN MTN LN.

City State Zip Code  
ORLEANS VT 05860-9248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1766.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957739

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. DOLORES C. ROME

Mailing Address 214 GOODWIN MTN LN.

City State Zip Code  
ORLEANS VT 05860-9248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1766.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963676

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1889 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ROCCO A. ROMEO**

Mailing Address **24514 WINONA STREET**

City State Zip Code  
**DEARBORN MI 48124-1552**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13949844

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**JOHN ROMERO**

Mailing Address **P.O. BOX 1536**

City State Zip Code  
**COLTON CA 92324-0843**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SAN BERNARDINO CO SHERIFFS  
 DEPT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DEP SHERIFF

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956323

Amount of Each Receipt this Period

80.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**JOHN ROMERO**

Mailing Address **P.O. BOX 1536**

City State Zip Code  
**COLTON CA 92324-0843**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SAN BERNARDINO CO SHERIFFS  
 DEPT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DEP SHERIFF

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13957268

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1890 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS P. ROMOSER

Mailing Address 844 MEDINAH CIR

City

WESTMINSTER

State

MD

Zip Code

21158-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13971590

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SUSAN RONEY

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972720

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SHARON ROONEY

Mailing Address 5320 W. 38TH ST.

City

ERIE

State

PA

Zip Code

16506-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936956

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1891 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHARON ROONEY

Mailing Address 5320 W. 38TH ST.

City  
ERIEState  
PAZip Code  
16506-1313FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937464

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHARON ROONEY

Mailing Address 5320 W. 38TH ST.

City  
ERIEState  
PAZip Code  
16506-1313FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949941

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. ROOT

Mailing Address 14611 BROADGREEN DR

City  
HOUSTONState  
TXZip Code  
77079-6426FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945194

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1892 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. LINDA L. ROPER**

Mailing Address **323 HOWARD ST**

City State Zip Code  
**DELTA CO 81416-3622**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13945391

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**JONATHAN ROSE**

Mailing Address **5955 RANLEIGH MANOR DR**

City State Zip Code  
**MCLEAN VA 22101-2428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JONES DAY**

Occupation

**LAWYER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 1 / 2 0 1 0**

Transaction ID: SA11.13961256

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. EDWARD ROSENSTEEL**

Mailing Address **48 WOODSIDE AVE**

City State Zip Code  
**EAST WINDSOR NJ 08520-4911**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13946981

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**555.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1893 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. EDWARD ROSENSTEEL

Mailing Address 48 WOODSIDE AVE

City State Zip Code  
EAST WINDSOR NJ 08520-4911FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954728

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. EDWARD ROSENSTEEL

Mailing Address 48 WOODSIDE AVE

City State Zip Code  
EAST WINDSOR NJ 08520-4911FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957250

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. EVELYN ROSENAU

Mailing Address 1605 N NEW HAMPSHIRE AVE

City State Zip Code  
TAVARES FL 32778-2133FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952187

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1894 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**HERBERT A. ROSENBERG**

Mailing Address **87 ARDEN RD**

City State Zip Code  
**TRUMBULL CT 06611-4441**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931927

Amount of Each Receipt this Period

85.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. RON ROSENBECK**

Mailing Address **5525 UNION CENTRE DR**

City State Zip Code  
**WEST CHESTER OH 45069-4820**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**REPUBLIC WIRE, INC**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13938596

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. RONALD W. ROSKENS**

Mailing Address **10849 NORTH 58TH PLZ**

City State Zip Code  
**OMAHA NE 68152-1479**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13972242

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1895 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID ROSS

Mailing Address 3144 W 138TH TER

City

OVERLAND PARK

State

KS

Zip Code

66224-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DAVID E. ROSS CONSTRUCTION

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931727

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEIGH A. ROSS

Mailing Address 4021 MORNING STAR DRIVE

City

HUNTINGTON BEACH

State

CA

Zip Code

92649-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948343

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY ROSS

Mailing Address 6143 BRASSIE WAY

City

REDDING

State

CA

Zip Code

96003-8004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943677

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1896 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. RONALD ROSS**

Mailing Address **PO BOX 111713**

City State Zip Code  
**CAMPBELL CA 95011-1713**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**COMPUTER CONSULTING**

Occupation  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13955720

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MARY JO ROSSON**

Mailing Address **1 LAKE DRIVE  
P.O. BOX 483**

City State Zip Code  
**CALHOUN GA 30703-0483**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935574

Amount of Each Receipt this Period

3500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. TERRY M. ROTARE**

Mailing Address **121 W. LAWRENCE AVENUE**

City State Zip Code  
**ROYAL OAK MI 48073-2543**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936556

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3551.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1897 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. TERRY M. ROTARE**

Mailing Address **121 W. LAWRENCE AVENUE**

City State Zip Code  
**ROYAL OAK MI 48073-2543**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13942007

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. KATHIE ROTH**

Mailing Address **PO BOX 187**

City State Zip Code  
**LOOMIS CA 95650-0187**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRCO CONSTRUCTORS**

Occupation  
**CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13959146

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MICHAEL G. ROTH**

Mailing Address **15185 OAKMONT ST**

City State Zip Code  
**OVERLAND PARK KS 66221-2359**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953642

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**440.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1898 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. STEVEN ROTHACKER**

Mailing Address **689 KENTWOOD DR**

City State Zip Code  
**ROCKWALL TX 75032-7505**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13940596

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**DR. RICHARD B. ROTHMAN**

Mailing Address **12719 FOLLY QUARTER RD**

City State Zip Code  
**ELLCOTT CITY MD 21042-1275**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**FAST CAT**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13943396

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. GARY S. ROUCH**

Mailing Address **30615 PINE BLUFF DRIVE**

City State Zip Code  
**ELKHART IN 46517-8806**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**NORTHER INDIANA**

Occupation  
**LINEMAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13932975

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

331.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1899 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. T. M. ROUDEBUSH

Mailing Address 7300 W 100TH PL

City

OVERLAND PARK

State

KS

Zip Code

66212-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACRO CLEANERS

Occupation

SALES &amp; MFG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941166

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD L. ROUPP

Mailing Address 408 MARLBORO ST.

City

AUGUSTA

State

GA

Zip Code

30907-3041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13934203

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD L. ROUPP

Mailing Address 408 MARLBORO ST.

City

AUGUSTA

State

GA

Zip Code

30907-3041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943668

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1900 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD L. ROUPP**

Mailing Address **408 MARLBORO ST.**

City State Zip Code  
**AUGUSTA GA 30907-3041**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**427.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13953426**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. ELLEN C. ROUTSON**

Mailing Address **1401 HERMITS WAY**

City State Zip Code  
**THE DALLES OR 97058-3807**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13959537**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. MAURICE B. ROWE**

Mailing Address **4121 SOUTHAVEN RD**

City State Zip Code  
**RICHMOND VA 23235-1026**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13936148**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**241.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1901 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MURIEL ISOM ROWLAND

Mailing Address 147 DEL MESA CARMEL

City

CARMEL

State

CA

Zip Code

93923-7950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935773

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS C. ROWLAND, JR.

Mailing Address 74 SWAN POINT TRL.

City

GEORGETOWN

State

SC

Zip Code

29440-7038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934973

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DONALD E. ROY

Mailing Address 1360 E HERNDON AVE # 301

City

FRESNO

State

CA

Zip Code

93720-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EYE MEDICAL CLINIC OF FRE-  
SNO

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956884

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

352.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1902 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. KEITH ROYAL

Mailing Address 4465 SIRROCCO LN SW

City State Zip Code  
LILBURN GA 30047-7436FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939214

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. ANNE RUBIN

Mailing Address 335 CHERRY LN

City State Zip Code  
WYNNEWOOD PA 19096-1710FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940791

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. GRIFF RUBY

Mailing Address 1016 ROCK ROSE LANE

City State Zip Code  
LOMPOC CA 93436-3265FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ITT INDUSTRIES/ SYSTEMS  
DIVISIONOccupation  
SENIOR TEST ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940134

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1903 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. RUDOLPH

Mailing Address 5173 N QUAIL CREST DR SE

City

GRAND RAPIDS

State

MI

Zip Code

49546-7510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948531

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TRACY T. RUDOLPH

Mailing Address 735 MACEDONIA DRIVE

City

PUNTA GORDA

State

FL

Zip Code

33950-8021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943360

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH A. RUE

Mailing Address 29482 STINGLEY GULCH RD

City

HOTCHKISS

State

CO

Zip Code

81419-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950732

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

886.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1904 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LESLIE W. RUE

Mailing Address 317 HILLCREST RD SW

City

AIKEN

State

SC

Zip Code

29801-3717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955891

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EUGENE RUEHMANN

Mailing Address 1523 ANDERSON FERRY RD.

City

CINCINNATI

State

OH

Zip Code

45238-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935682

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES RUFFIN

Mailing Address 4718 FERNWOOD RD

City

COLUMBIA

State

SC

Zip Code

29206-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	0

Transaction ID: SA11.13968850

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1905 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH J. RUGANI

Mailing Address P.O. BOX 510395

City

KEY COLONY BEACH

State

FL

Zip Code

33051-0395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943881

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. RUGGLES

Mailing Address 101 RAINBOW ST

City

YANKTON

State

SD

Zip Code

57078-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943670

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. RUGGLES

Mailing Address 101 RAINBOW ST

City

YANKTON

State

SD

Zip Code

57078-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948783

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

181.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1906 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. RUGGLES

Mailing Address 101 RAINBOW ST

City

YANKTON

State

SD

Zip Code

57078-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949349

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. RUGGLES

Mailing Address 101 RAINBOW ST

City

YANKTON

State

SD

Zip Code

57078-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13951718

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. RUGGLES

Mailing Address 101 RAINBOW ST

City

YANKTON

State

SD

Zip Code

57078-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13951719

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1907 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES G. RUGGLES**

Mailing Address **101 RAINBOW ST**

City State Zip Code  
**YANKTON SD 57078-4703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**682.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953664

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**KENNETH H. RULE**

Mailing Address **14 HARBOR ISLAND DR.**

City State Zip Code  
**KEY LARGO FL 33037-5112**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13953333

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**STANLEY RUMBOUGH, JR.**

Mailing Address **44 COCOANUT ROW**

City State Zip Code  
**PALM BEACH FL 33480-4069**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INVESTMENTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938813

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**640.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1908 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT H. RUMPF**

Mailing Address **51 KENWOOD DRIVE**

City State Zip Code  
**CARLISLE PA 17013-2112**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13964771

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. OLIVER F. RUNDE**

Mailing Address **305 VILLAGE HEIGHTS DRIVE  
 APARTMENT 122**

City State Zip Code  
**STATE COLLEGE PA 16801-7690**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**902.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948533

Amount of Each Receipt this Period

**301.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM L. RUNZEL, IV**

Mailing Address **2949 PAYNE STREET**

City State Zip Code  
**EVANSTON IL 60201-2062**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAKE CABLE LLC**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**11 / 18 / 2010**

Transaction ID: SA11.13972722

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5351.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1909 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. CARL RUPE

Mailing Address 3201 MILL POND RD

City

CHARLOTTE

State

NC

Zip Code

28226-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CH PREMIERE HEALTHCARE

Occupation

BUSINESS OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13960646

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRANK J. RUSHEN

Mailing Address 204 AMY CT.

City

STROUDSBURG

State

PA

Zip Code

18360-9166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935978

Amount of Each Receipt this Period

1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HARVEY L. RUSSELL

Mailing Address 4470 CYCAD LN.

City

BOYNTON BEACH

State

FL

Zip Code

33436-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944435

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

226.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1910 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. KATHARINE A. RUSSELL

Mailing Address 368 CYPRESS POINT DR.

City

PALM DESERT

State

CA

Zip Code

92211-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13942971

Amount of Each Receipt this Period

39.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PATRICIA M. RUSSELL

Mailing Address 98 WESTWOOD DR.

City

FRANKLIN

State

NC

Zip Code

28734-1382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949064

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

PATRICIA M. RUSSELL

Mailing Address 98 WESTWOOD DR.

City

FRANKLIN

State

NC

Zip Code

28734-1382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13967382

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

109.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1911 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. R. W. RUSSELL**

Mailing Address **9 DEWAR ST**

City State Zip Code  
**BOSTON MA 02125-1542**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**JAMES RUELL ENGINEER**

Occupation  
**MCH ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13951703

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. RICHARD WARREN RUSSELL**

Mailing Address **8 PEGAN LANE  
P.O. BOX 638**

City State Zip Code  
**DOVER MA 02030-2045**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 1 / 2 0 1 0**

Transaction ID: SA11.13963519

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**ROBERT C. RUSSELL**

Mailing Address **802 KILLION ST**

City State Zip Code  
**LOUISVILLE TN 37777-4407**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936171

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

8100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1912 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT J. RUSSELL

Mailing Address 1102 HIGHRIDGE AVE

City

DAYTON

State

OH

Zip Code

45420-3067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960276

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHAN T. RUSSELL

Mailing Address 5660 WOODSIDE CIR.

City

MONTGOMERY

State

AL

Zip Code

36117-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955051

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH A. RUSSOTTO

Mailing Address 408 MIDLOTHIAN SQ.

City

HAMPTON

State

VA

Zip Code

23669-1747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966212

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

386.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1913 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PAUL J. RUSSO

Mailing Address 222 S MONTICELLO ST

City

WINAMAC

State

IN

Zip Code

46996-1543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR PAUL J. RUSSO, D.O.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918418

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUSAN M. RUSSO

Mailing Address 180 ALTA VISTA DR.

City

ATHERTON

State

CA

Zip Code

94027-6402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13942451

Amount of Each Receipt this Period

405.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. RUST

Mailing Address 9450 HOLSEY RD.

City

DAMASCUS

State

MD

Zip Code

20872-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSA

Occupation

FEDERAL GOVERNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953646

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1914 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. RUST

Mailing Address 9450 HOLSEY RD.

City

DAMASCUS

State

MD

Zip Code

20872-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSA

Occupation

FEDERAL GOVERNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961730

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHELVA J. RUSZIN

Mailing Address 1434 BRIXTON RD

City

PASADENA

State

CA

Zip Code

91105-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949250

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHELVA J. RUSZIN

Mailing Address 1434 BRIXTON RD

City

PASADENA

State

CA

Zip Code

91105-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13967649

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1915 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW E. RUTHERFORD

Mailing Address 901 STUART RD

City

WILMINGTON

State

DE

Zip Code

19807-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOW IND

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957149

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES C. RUTLEDGE

Mailing Address 7 MIMOSA DR. SE

City

ROME

State

GA

Zip Code

30161-3931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937011

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH G. RUTTER

Mailing Address 2250 GOVERNORS BEND RD. SE

City

HUNTSVILLE

State

AL

Zip Code

35801-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940850

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1916 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH G. RUTTER

Mailing Address 2250 GOVERNORS BEND RD. SE

City

HUNTSVILLE

State

AL

Zip Code

35801-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956314

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOMENICK T. RUTTURA

Mailing Address 3 MIDDLE HOLLOW RD

City

HUNTINGTON

State

NY

Zip Code

11743-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970016

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS A. RUZICKA

Mailing Address 2224 28TH ST

City

ASTORIA

State

NY

Zip Code

11105-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959110

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1917 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANNE M. RYAN

Mailing Address 5402 PENNOCK POINT RD.

City

JUPITER

State

FL

Zip Code

33458-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949674

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES J. RYAN

Mailing Address 66 CARLYLE ROAD

City

PORTLAND

State

ME

Zip Code

04103-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIRWAYSOccupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935494

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN RYAN, III

Mailing Address 5708 LYNNE HAVEN RD

City

PITTSBURGH

State

PA

Zip Code

15217-1067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953941

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1918 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MICHAEL E. RYAN

Mailing Address 109 DONLIN AVE

City

PASS CHRIS

State

MS

Zip Code

39571-4001

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950221

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. NANCY RYAN

Mailing Address 46 RIDGE RD

City

BARRINGTON

State

IL

Zip Code

60010-9614

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949814

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PAUL F. RYAN

Mailing Address 11738 OVERCREST DR.

City

REDLANDS

State

CA

Zip Code

92374-8287

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PAUL F RYAN INC.Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945383

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1275.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1919 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL W. RYAN

Mailing Address 461 PENDALE ST

City

STATEN ISLAND

State

NY

Zip Code

10306-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953255

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES RYNEX

Mailing Address 117 LEEDS

City

WILLIAMSBURG

State

VA

Zip Code

23188-9184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935201

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. SABEY

Mailing Address 12201 TUKWILA INTERNATIONAL BOULEV  
4TH FLOOR

City

TUKWILA

State

WA

Zip Code

98168-5121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13932255

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1920 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MARY M. SABINE**

Mailing Address **4890 N CLOVERDALE RD. APT. 221**

City State Zip Code  
**BOISE ID 83713-2424**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**221.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934676

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MORTIMER SACKLER**

Mailing Address **15 EAST 62ND STREET**

City State Zip Code  
**NEW YORK NY 10065-7204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

**MORTIMER D A SACKLER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945298

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. GLENN H. SACRA**

Mailing Address **55 GLEZEN LANE**

City State Zip Code  
**WAYLAND MA 01778-1605**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13960778

Amount of Each Receipt this Period

**85.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5186.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1921 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. SAFIOL

Mailing Address 64 JUNIPER RD

City

WESTON

State

MA

Zip Code

02493-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939614

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. SAGE

Mailing Address 18433 SE HERITAGE DR

City

JUPITER

State

FL

Zip Code

33469-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946522

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROLLAND SAGER

Mailing Address 20928 LITTLE LAKE THOMAS RD.

City

LAND O LAKES

State

FL

Zip Code

34638-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962787

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1922 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GREGORY D. SAHA

Mailing Address 7519 SHANNONDALE DRIVE

City

SUGAR LAND

State

TX

Zip Code

77479-6443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945894

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH R. SAILER

Mailing Address 2014 AANIU LOOP

City

PEARL CITY

State

HI

Zip Code

96782-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939542

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELROY SAILOR

Mailing Address 14321 DOWDEN DOWN DRIVE

City

HAYMARKET

State

VA

Zip Code

20169-1262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G.C.W.C.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13966029

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1923 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE JOHN SAKALDASIS

Mailing Address 1379 LYON CT.

City

LIVERMORE

State

CA

Zip Code

94551-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAWRENCE LIVERMORE NATION-  
AL LABORTORY

Occupation

EXECUTIVE STAFF

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931801

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ILIJAH SAKOTA

Mailing Address 1233 6TH. ST. APT. 1001

City

SANTA MONICA

State

CA

Zip Code

90401-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMCT

Occupation

ENGINEER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965667

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SYED Z. SALAHUDDIN

Mailing Address 1710 DONLON ST  
STE 6

City

VENTURA

State

CA

Zip Code

93003-5698

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CALIFORNIA INSTITUTE MOLE-  
CULAR MEDI

Occupation

PARTNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962685

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1924 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSE L. SALAZAR, SR.

Mailing Address 1179 N MADISON AVE

City

LOS ANGELES

State

CA

Zip Code

90029-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUILDING ENGINEER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949699

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ROSA M. SALAZAR

Mailing Address 812 NEW DEPOT ST.

City

LOS ANGELES

State

CA

Zip Code

90012-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931850

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWARD SALEVSKY

Mailing Address 4852 LOWER MOUNTAIN RD.

City

NEW HOPE

State

PA

Zip Code

18938-9411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

492.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945722

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1925 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD SALEVSKY

Mailing Address 4852 LOWER MOUNTAIN RD.

City

NEW HOPE

State

PA

Zip Code

18938-9411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945928

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD SALEVSKY

Mailing Address 4852 LOWER MOUNTAIN RD.

City

NEW HOPE

State

PA

Zip Code

18938-9411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945966

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWARD SALEVSKY

Mailing Address 4852 LOWER MOUNTAIN RD.

City

NEW HOPE

State

PA

Zip Code

18938-9411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946485

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1926 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS L. SALIBA

Mailing Address 115 S. VALLEY STREET

City

BURBANK

State

CA

Zip Code

91505-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971347

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NANCY B. SALINAS

Mailing Address 870 VILLA AVE

City

SAN JOSE

State

CA

Zip Code

95126-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937831

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EVAN R. SALMORE

Mailing Address 4305 MANGROVE PL

City

SARASOTA

State

FL

Zip Code

34242-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931876

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1927 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MISS ALICE R. SALVADO**

Mailing Address **14056 AURORA DR.**

City State Zip Code  
**SAN LEANDRO CA 94577-5405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956768

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**NORA SALVANT**

Mailing Address **108 JETT ST.**

City State Zip Code  
**ABERDEEN MS 39730-2912**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**451.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13972092

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES M. SAMIS**

Mailing Address **1114 SHERWOOD LANE  
APT B2**

City State Zip Code  
**NICHOLS HILLS OK 73116-6518**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13955775

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1080.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1928 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JOHN W. SAMPSON

Mailing Address 9614 PARKWOOD COURT

City State Zip Code  
FORT MYERS FL 33908-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956318

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. HARRY E. SAMWAYS

Mailing Address 1333 ARTHUR LN NW APT 312  
APARTMENT 312

City State Zip Code  
ROCHESTER MN 55901-2095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968323

Amount of Each Receipt this Period

45.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. DANIEL A. SANCHEZ

Mailing Address 7069 ZUNI CANYON RD

City State Zip Code  
GRANTS NM 87020-3764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HASE AND ASSOCIATES SYSTEMS INC.

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928034

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

645.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1929 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934181

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936222

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937333

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1930 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES R. SANDERS**

Mailing Address **6745 STEAMBOAT WAY**

City State Zip Code  
**SACRAMENTO CA 95831-2417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**680.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13952444**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES R. SANDERS**

Mailing Address **6745 STEAMBOAT WAY**

City State Zip Code  
**SACRAMENTO CA 95831-2417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**680.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13953266**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JOSEPH N. SANDERS, JR.**

Mailing Address **2010 LITTLEMORE DR.**

City State Zip Code  
**CORDOVA TN 38016-5265**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CK SANDERS INCORPORATED**

Occupation  
**GOLF COURSE CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**961.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956232**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**41.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1931 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH N. SANDERS, JR.

Mailing Address 2010 LITTLEMORE DR.

City

CORDOVA

State

TN

Zip Code

38016-5265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CK SANDERS INCORPORATED

Occupation

GOLF COURSE CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956400

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK J. SANDERS

Mailing Address 14922 CERRITOS PL

City

FONTANA

State

CA

Zip Code

92336-5541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SANDERS CANDY FACTORY

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931827

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA SANDERS

Mailing Address 205 TURNBERRY CIR.

City

FAYETTEVILLE

State

GA

Zip Code

30215-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952447

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1932 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**WILBURN P. SANDERS**

Mailing Address **P.O. BOX 16003**

City State Zip Code  
**HUNTSVILLE AL 35802-1649**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE HUNTSVILLE TIMES**

Occupation  
**RACK DISTRIBUTION SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**630.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13957197

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. EDWIN C. SANDHAM**

Mailing Address **1964 SW SAINT ANDREWS DR.**

City State Zip Code  
**PALM CITY FL 34990-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2251.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933302

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. EDWIN C. SANDHAM**

Mailing Address **1964 SW SAINT ANDREWS DR.**

City State Zip Code  
**PALM CITY FL 34990-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2251.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13948919

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**321.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1933 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DR.

City State Zip Code  
**PALM CITY FL 34990-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2251.00

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13952958**

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DR.

City State Zip Code  
**PALM CITY FL 34990-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2251.00

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13954481**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DR.

City State Zip Code  
**PALM CITY FL 34990-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2251.00

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13963463**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1934 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARBARA L. SANDOR

Mailing Address 400 S STEELE ST UNIT 68  
UNIT 68

City State Zip Code  
DENVER CO 80209-3537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948528

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS SANDO

Mailing Address 1214 OWL CREEK RANCH RD.

City State Zip Code  
ASPEN CO 81611-3311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946843

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CONNIE SANDVIK

Mailing Address 601 CHURCHILL DR

City State Zip Code  
SAINT GEORGE UT 84790-7416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928878

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

286.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1935 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. WILLIAM D. SANFORD

Mailing Address 97 COUNTY RD 519

City State Zip Code  
**NEWTON NJ 07860-6237**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959528

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 EDWIN C. SANHAM

Mailing Address 1964 SW SAINT ANDREWS DR.

City State Zip Code  
**PALM CITY FL 34990-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963464

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 EDWIN C. SANHAM

Mailing Address 1964 SW SAINT ANDREWS DR.

City State Zip Code  
**PALM CITY FL 34990-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

**11 / 17 / 2010**

Transaction ID: SA11.13969857

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**235.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1936 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BARRY SANKEY

Mailing Address 908 MUHLENBERG DR

City

TRAPPE

State

PA

Zip Code

19426-2275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FINIX NEW

Occupation

JOURNALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929407

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. SANNER

Mailing Address 2501 HIDDEN HILLS DR.

City

MARIETTA

State

GA

Zip Code

30066-5241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956341

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CARMEN LAMCO SANTOS

Mailing Address 10146 CEDARVALE DR

City

SAN ANTONIO

State

TX

Zip Code

78245-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952473

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1937 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. CARMEN LAMCO SANTOS**

Mailing Address **10146 CEDARVALE DR**

City State Zip Code  
**SAN ANTONIO TX 78245-1060**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953188

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD T. SANTULLI**

Mailing Address **140 SWIMMING RIVER ROAD**

City State Zip Code  
**COLTS NECK NJ 07722-1581**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE MILESTONE AVIATION GR-  
OUP LLC**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2400.00**

Date of Receipt

**11 / 05 / 2010**

Transaction ID: SA11.13966051

Amount of Each Receipt this Period

**2400.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**CARMEN L. SANVICTORES**

Mailing Address **2232 LONGWORTHY RD.**

City State Zip Code  
**NORTH PORT FL 34288-7633**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940156

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**2455.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1938 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. B. W. SAPP

Mailing Address 4281 GOLDEN ISLE W

City

BAXLEY

State

GA

Zip Code

31513-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13936468

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN B. SARDISCO

Mailing Address 18536 S. MISSION HILLS AVENUE

City

BATON ROUGE

State

LA

Zip Code

70810-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966271

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. SARTEN

Mailing Address 46 SARTEN ROAD

City

FULTON

State

KY

Zip Code

42041-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRI-STATE GAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PROPANE GAS RETAILER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13943006

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

336.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1939 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD RAY SARVER

Mailing Address 981 CAMPBELL LN. # 121

City

BOWLING GREEN

State

KY

Zip Code

42104-4136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948775

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA A. SAS

Mailing Address 43390 RUSSIA RD

City

ELYRIA

State

OH

Zip Code

44035-6864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13965010

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA W. SASSER

Mailing Address 7221 BROADWAY ST

City

GALVESTON

State

TX

Zip Code

77554-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
COMMUNITY VOLUNTEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933936

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1940 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA L. SATORIUS

Mailing Address 17738 LA ROSA LN

City

FOUNTAIN VLY

State

CA

Zip Code

92708-4818

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969168

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. BENTON S. SATTERFIELD

Mailing Address 2801 BLUE RIDGE RD  
STE G50

City

RALEIGH

State

NC

Zip Code

27607-6490

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
BENTON S. SATTERFIELD MD,  
PAOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13947808

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LEE SATTERFIELD

Mailing Address 1412 S TOMAHAWK LANE

City

OLATHE

State

KS

Zip Code

66062-3206

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13953553

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

351.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1941 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. FREDERIC G. SAUER**

Mailing Address **1657 FOREST VIEW DR.**

City State Zip Code  
**SAINT LOUIS MO 63122-1721**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**ORION INVESTMENT CO.**

Occupation  
**INVESTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13945242

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. VICTORIA F. SAUER**

Mailing Address **4634 BUTTE RD**

City State Zip Code  
**RICHMOND VA 23235-1510**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13951320

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. KENNETH SAVAGE**

Mailing Address **1403 RICHARD AVE**

City State Zip Code  
**PARSONS KS 67357-4733**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952838

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1942 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JON SAVOIE

Mailing Address 18021 HARBOUR TOWN COURT

City State Zip Code  
BATON ROUGE LA 70810-7988

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941835

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
PETER A. SAWAY

Mailing Address 2712 WATKINS GLEN DR

City State Zip Code  
VESTAVIA AL 35216-1044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RHEUMATOLOGY ASSOCIATES  
PC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957900

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ALLAN W. SAWTELLE

Mailing Address 11120 SPRINGFIELD PIKE APT A406  
APARTMENT A406

City State Zip Code  
CINCINNATI OH 45246-4187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944729

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1943 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLAN W. SAWTELLE

Mailing Address 11120 SPRINGFIELD PIKE APT A406  
 APARTMENT A406

City State Zip Code  
 CINCINNATI OH 45246-4187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948995

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRYON R. SAWYER

Mailing Address P.O. BOX 311442

City State Zip Code  
 NEW BRAUNFELS TX 78131-1442

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966607

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD L. SAWYER

Mailing Address 1819 MILFORD ST

City State Zip Code  
 HOUSTON TX 77098-5409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SAWYER DRILLING & SERVICE,  
 LLC

Occupation  
 PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960746

Amount of Each Receipt this Period

305.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

505.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1944 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MS. BETTY Y. SBORDONE

Mailing Address 30 H ST

City

SEASIDE PARK

State

NJ

Zip Code

08752-1521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962510

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CHARLOTTE S. SCALES

Mailing Address 912 MOUNTAIN TOP DRIVE

City

MARIETTA

State

GA

Zip Code

30062-3201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968233

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SIMONE A. SCALES

Mailing Address 67948 PICKERING RD

City

SAINT CLAIRSVILLE

State

OH

Zip Code

43950-9722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949084

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1945 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. MARION SCANIO

Mailing Address 4022 OCEAN DR

City State Zip Code  
CRP CHRISTI TX 78411-1222FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968049

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ARTHUR G. SCANLAN, II

Mailing Address 913 SOUTH BURNSIDE AVENUE

City State Zip Code  
GONZALES LA 70737-4258FEC ID number of contributing  
federal political committee.**C**Name of Employer  
EATELOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959336

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MISS MARGUERITE S. SCARANEMailing Address 15855 MIAMI LAKEWAY N  
APT 149ECity State Zip Code  
MIAMI LAKES FL 33014-2154FEC ID number of contributing  
federal political committee.**C**Name of Employer  
FLORIDA DEPT. OF CORRECTI-  
ONSOccupation  
POLICE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957690

Amount of Each Receipt this Period

85.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1585.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1946 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. FORREST A. SCARBOROUGH**

Mailing Address **203 GRANDVIEW**

City State Zip Code  
**KINGSLAND TX 78639-4349**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931745

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL P. SCAROLA**

Mailing Address **23 CLIFFORD CT.**

City State Zip Code  
**MALVERNE NY 11565-1306**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13946226

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. GAIL H. SCHADT**

Mailing Address **925 EASTGLEN DR**

City State Zip Code  
**LA VERNE CA 91750-1832**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13959181

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1947 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEAN H. SCHAEER

Mailing Address 45 FULLIN RD

City

NORWALK

State

CT

Zip Code

06851-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958488

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NELSON SCHAEENEN, JR.

Mailing Address 56 MIDWOOD TERRACE

City

MADISON

State

NJ

Zip Code

07940-2735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943234

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ORVILLE L. SCHAEFER

Mailing Address 218 SMITH ST

City

PERRYVILLE

State

MO

Zip Code

63775-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957263

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1948 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**L. SCHAFER**

Mailing Address **P.O. BOX 219**

City State Zip Code  
**MEADOW VISTA CA 95722-0219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**351.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963935

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**HENRY J. SCHANK**

Mailing Address **4032 SPYGLASS RD.**

City State Zip Code  
**OKLAHOMA CITY OK 73120-8866**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**USAF**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**651.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954875

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**HENRY J. SCHANK**

Mailing Address **4032 SPYGLASS RD.**

City State Zip Code  
**OKLAHOMA CITY OK 73120-8866**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**USAF**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**651.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959601

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1949 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY SCHANTZ

Mailing Address 1257 VEEDER DR

City

HEWLETT

State

NY

Zip Code

11557-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEWLETT BAY ASSOCIATES LLC

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948167

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. SCHANK

Mailing Address 1601 UNION AVE

City

BEATRICE

State

NE

Zip Code

68310-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959831

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PAULINE M. SCHARRES

Mailing Address 1287 SAINT COLETTE CT

City

LEMONT

State

IL

Zip Code

60439-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931587

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1950 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DIANE H. SCHATZ

Mailing Address 4510 19TH AVENUE SW

City

FARGO

State

ND

Zip Code

58103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946635

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DIANE H. SCHATZ

Mailing Address 4510 19TH AVENUE SW

City

FARGO

State

ND

Zip Code

58103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971987

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELEANOR SCHAUBEL

Mailing Address 411 MESA LILA RD.

City

GLENDALE

State

CA

Zip Code

91208-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960121

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

801.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1951 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
ELEANOR SCHAUBEL

Mailing Address 411 MESA LILA RD.

City State Zip Code  
GLENDALE CA 91208-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961270

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
SHELBY G. SCHAVOIR

Mailing Address 2 MARSH BRIDGE LN

City State Zip Code  
SAVANNAH GA 31411-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955783

Amount of Each Receipt this Period

360.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. LINDA M. SCHECKLER

Mailing Address 1333 OLD ROUTE 8

City State Zip Code  
POLK PA 16342-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957332

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

445.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1952 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. LINDA M. SCHECKLER**

Mailing Address **1333 OLD ROUTE 8**

City State Zip Code  
**POLK PA 16342-2121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**226.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963583

Amount of Each Receipt this Period

**26.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GARY K. SCHEIG**

Mailing Address **19315 54TH AVE SW**

City State Zip Code  
**DES LACS ND 58733-9437**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13928043

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**JAY SCHEIDEMAN**

Mailing Address **3558 DOROTHY LN N**

City State Zip Code  
**FORT WORTH TX 76107-1745**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13949500

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**236.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1953 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SCHEIBAL

Mailing Address 14 HARVEST PT

City

COLLINSVILLE

State

IL

Zip Code

62234-6869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951598

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KURT O. SCHELLE

Mailing Address P.O. BOX 210364

City

AUKE BAY

State

AK

Zip Code

99821-0364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF ALASKA

Occupation  
ECONOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961395

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL GERARD SCHELL

Mailing Address 12719 AVENS ARBOR

City

SAN ANTONIO

State

TX

Zip Code

78253-5489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US GOVERNMENT

Occupation  
HEALTH ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938781

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1954 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ARTHUR C. SCHENCK

Mailing Address 9614 NORTH ST BOX 47

City

WATTSBURG

State

PA

Zip Code

16442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966740

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN SCHENCK

Mailing Address 22 E. CLAREMONT DRIVE

City

VOORHEESVILLE

State

NY

Zip Code

12186-9104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL ELECTRIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13929167

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BARRY J. SCHERESKY

Mailing Address 19810 37TH AVENUE SW

City

DES LACS

State

ND

Zip Code

58733-9458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHERESKY FARMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951227

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1955 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL E. SCHERDT

Mailing Address 1478 COLUMBUS RD

City

WEST SACRAMENTO

State

CA

Zip Code

95691-4918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PILOT

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928684

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL E. SCHERDT

Mailing Address 1478 COLUMBUS RD

City

WEST SACRAMENTO

State

CA

Zip Code

95691-4918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PILOT

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13960651

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE SCHERER

Mailing Address 606 LOUGHMOR PASS

City

WELDON SPRING

State

MO

Zip Code

63304-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942466

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1956 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LYNDELL J. SCHICK

Mailing Address 320 QUIGLEY RD

City

PENSACOLA

State

FL

Zip Code

32506-5650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966977

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DON A. SCHIEMANN

Mailing Address 110 BALDWIN ROAD

City

BIRMINGHAM

State

MI

Zip Code

48009-1356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TK HOLDINGS INCOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11.13968147

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JUNE F. SCHILLER

Mailing Address 863 GARLAND DR

City

PALO ALTO

State

CA

Zip Code

94303-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964788

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

725.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1957 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CORINNE R. SCHINDLER

Mailing Address 2715 WEST DALE RD. NW

City

CANTON

State

OH

Zip Code

44708-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957034

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CORINNE R. SCHINDLER

Mailing Address 2715 WEST DALE RD. NW

City

CANTON

State

OH

Zip Code

44708-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957139

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN L. SCHIPPER

Mailing Address 1802 101ST. PL. NE

City

BELLEVUE

State

WA

Zip Code

98004-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959594

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1958 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**JOHN L. SCHIPPER**

Mailing Address **1802 101ST. PL. NE**

City State Zip Code  
**BELLEVUE WA 98004-2732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13959659

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**JOHN L. SCHIPPER**

Mailing Address **1802 101ST. PL. NE**

City State Zip Code  
**BELLEVUE WA 98004-2732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13960046

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. DANIELLE G. SCHLEI**

Mailing Address **4352 LYCEUM AVE**

City State Zip Code  
**LOS ANGELES CA 90066-6104**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NOTRE DAME ACADEMY**

Occupation  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13938529

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**151.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1959 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD W. SCHLIEF

Mailing Address 5773 WOODWAY DR. #800

City

HOUSTON

State

TX

Zip Code

77057-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATP OIL & GAS CORPORATION

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961154

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD W. SCHLIEF

Mailing Address 5773 WOODWAY DR. #800

City

HOUSTON

State

TX

Zip Code

77057-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATP OIL & GAS CORPORATION

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964536

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MERVYN SCHLIEFERT

Mailing Address 1 CAMELOT WAY

City

KEARNEY

State

NE

Zip Code

68845-4246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942565

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1960 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. PHILLIP SCHLOSS**

Mailing Address **17715 SHAKER BLVD**

City State Zip Code  
**CLEVELAND OH 44120-1745**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**JO BAR MANUFACTURING**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952050

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. BYRON W. SCHMIDT**

Mailing Address **720 HEATHROW AVE**

City State Zip Code  
**LADY LAKE FL 32159-6200**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13950206

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. BYRON W. SCHMIDT**

Mailing Address **720 HEATHROW AVE**

City State Zip Code  
**LADY LAKE FL 32159-6200**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961748

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1961 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. HARRY J. SCHMIDT**

Mailing Address **7100 E BELLEVIEW AVE STE 307**

City State Zip Code  
**GREENWOOD VILLAGE CO 80111-1636**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCHMIDT ASSOCIATES**

Occupation  
**CPA**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**625.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934990

Amount of Each Receipt this Period

**375.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. JACQUELINE R. SCHMIDT**

Mailing Address **1315 NATIONAL RD APT 107**

City State Zip Code  
**WHEELING WV 26003-5467**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954288

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JEFFREY SCHMIDT**

Mailing Address **2512 RALEIGH RD**

City State Zip Code  
**HUMMELSTOWN PA 17036-7079**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931816

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**505.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1962 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LILLIAN J. SCHMIDT

Mailing Address 9359 SCHMIDT CIRCLE

City

WEST JORDAN

State

UT

Zip Code

84088-8778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

AGRICULTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959071

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOUIS A. SCHMITT, JR.

Mailing Address 2122 ROSWELL AVENUE

City

CHARLOTTE

State

NC

Zip Code

28207-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934837

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAX J. SCHMID

Mailing Address 1249 NE 5TH. AVE

City

CAMAS

State

WA

Zip Code

98607-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936815

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1963 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MAX J. SCHMID

Mailing Address 1249 NE 5TH. AVE

City

CAMAS

State

WA

Zip Code

98607-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952841

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND P. SCHMIDT

Mailing Address 6205 LONE OAK DR

City

BETHESDA

State

MD

Zip Code

20817-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U S NAVYOccupation  
U S CIVIL SERVANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930571

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD SCHMIDT

Mailing Address 12136 W 75TH LN

City

ARVADA

State

CO

Zip Code

80005-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918485

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

285.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1964 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. RICHARD SCHMID

Mailing Address 11782 LOMA LINDA WAY

City State Zip Code  
SANTA ANA CA 92705-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNDSTROOR E SCHORID

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966567

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
SANDRA JEAN SCHMIDT

Mailing Address 19 TURKEY DR

City State Zip Code  
HARPER TX 78631-9350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948535

Amount of Each Receipt this Period

61.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
SANDRA JEAN SCHMIDT

Mailing Address 19 TURKEY DR

City State Zip Code  
HARPER TX 78631-9350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948609

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

221.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1965 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NORMAN SCHMUTTER

Mailing Address 485 CHURCHILL RD

City

TEANECK

State

NJ

Zip Code

07666-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BSYD CORPORATION

Occupation

BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946918

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. SCHMUHL

Mailing Address 283 MELROSE AVENUE

City

MERION STATION

State

PA

Zip Code

19066-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DVONNE MORRIS LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934852

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. SCHMUHL

Mailing Address 283 MELROSE AVENUE

City

MERION STATION

State

PA

Zip Code

19066-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DVONNE MORRIS LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943411

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1966 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LZND A F. SCHNACKENBERG

Mailing Address 128 HOLLY RIDGE LN.

City

WEST COLUMBIA

State

SC

Zip Code

29169-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946211

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL RANDALL SCHNEIDER

Mailing Address 12560 SARATOGA CREEK DRIVE

City

SARATOGA

State

CA

Zip Code

95070-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945190

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CLINTON SCHNEIDER

Mailing Address 20 CARAVELLE LN

City

BLUFFTON

State

SC

Zip Code

29909-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963019

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1967 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MS. REBA S. SCHNEIDERMAN

Mailing Address 2146 ORCHARD MIST ST

City State Zip Code  
LAS VEGAS NV 89135-1562FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931652

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ROD SCHNEIDMILLER

Mailing Address 6716 S SADDLE RIDGE ROAD

City State Zip Code  
GREENACRES WA 99016-7716FEC ID number of contributing  
federal political committee.**C**Name of Employer  
STERLING INTERNATIONAL,  
INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13892012B

Amount of Each Receipt this Period

-10000.00

CONTRIBUTION

**[MEMO ITEM]**REDESIGNATION TO RECOUNT  
FUND**C.**Full Name (Last, First, Middle Initial)  
MR. STEVEN SCHNEIDER

Mailing Address 2700 N CENTRAL AVE STE 890

City State Zip Code  
PHOENIX AZ 85004-1141FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938608

Amount of Each Receipt this Period

175.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1968 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SCHNEIDER

Mailing Address 7508 VIDA AVE

City

VILLAGE OF LAKEWOOD

State

IL

Zip Code

60014-6630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DR. MEO SCHNEIDER &amp; ASSOC.

Occupation

PENSION CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943355

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLIFFORD J. SCHNIEDERS

Mailing Address 1020 BOONVILLE RD

City

JEFFERSON CITY

State

MO

Zip Code

65109-0620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964438

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COLE SCHNORF

Mailing Address 4912 VALLEY VIEW OVERLOOK

City

ELLCOTT CITY

State

MD

Zip Code

21042-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MANEKA LLC

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930473

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1969 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**COLE SCHNORF**

Mailing Address **4912 VALLEY VIEW OVERLOOK**

City State Zip Code  
**ELLICOTT CITY MD 21042-6276**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MANEKA LLC**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13946230

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. JANE E. SCHOENHERR**

Mailing Address **6167 E. HAWKS NEST PLACE**

City State Zip Code  
**TUCSON AZ 85750-2094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939825

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. JANE E. SCHOENHERR**

Mailing Address **6167 E. HAWKS NEST PLACE**

City State Zip Code  
**TUCSON AZ 85750-2094**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13940827

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**251.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1970 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LEE E. SCHOEFFLER

Mailing Address 7171 S. YALE AVENUE  
SUITE 103

City State Zip Code  
TULSA OK 74136-6367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13965481

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ECKARD SCHOLTZ

Mailing Address 9630 IDLEWOOD DR.

City State Zip Code  
CLEVELAND OH 44144-3121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935719

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ECKARD SCHOLTZ

Mailing Address 9630 IDLEWOOD DR.

City State Zip Code  
CLEVELAND OH 44144-3121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946472

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1971 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ECKARD SCHOLTZ

Mailing Address 9630 IDLEWOOD DR.

City

CLEVELAND

State

OH

Zip Code

44144-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969181

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERRIT J. SCHOLTEN

Mailing Address 6858 E VIA DORADO

City

TUCSON

State

AZ

Zip Code

85715-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938458

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERRIT J. SCHOLTEN

Mailing Address 6858 E VIA DORADO

City

TUCSON

State

AZ

Zip Code

85715-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 1 0

Transaction ID: SA11.13971525

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1972 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DUANE SCHONEWEIS**

Mailing Address **P.O. BOX 155**

City State Zip Code  
**MEDFORD OK 73759-0155**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: SA11.13969204

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ERIK A. SCHONBERG**

Mailing Address **3014 GREENDALE DR NW**

City State Zip Code  
**ATLANTA GA 30327-1609**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13955908

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**RONALD SCHONGAR**

Mailing Address **1909 LUCINA CT**

City State Zip Code  
**FORT MYERS FL 33908-1608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950229

Amount of Each Receipt this Period

**220.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**470.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1973 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANNA SCHOON

Mailing Address 5 E 8TH. ST.

City

HOLLAND

State

MI

Zip Code

49423-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936649

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES SCHOONOVER

Mailing Address 5433 GUNBARREL CIR

City

LANGMONT

State

CO

Zip Code

80503-8603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBM

Occupation  
PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965197

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHESTER K. SCHOONMAKER

Mailing Address P.O. BOX 472  
IVY RD.

City

SHRUB OAK

State

NY

Zip Code

10588-0472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948812

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1974 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BETTY J. SCHREINER

Mailing Address 119 CROWN ROAD

City

KENTFIELD

State

CA

Zip Code

94904-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971460

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NELSON R. SCHREIBER

Mailing Address PO BOX 447

City

ROUND HILL

State

VA

Zip Code

20142-0447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NELSON SCHREIBER

Occupation

MARKETING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951495

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY G. SCHRIEVER

Mailing Address 9 SANDY COVE LN.

City

BEACH HAVEN

State

NJ

Zip Code

08008-6154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963148

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

285.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1975 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. SCHROETER

Mailing Address 610 ANCHORAGE LN

City

HOUSTON

State

TX

Zip Code

77079-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934977

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANET EILEEN SCHRODER

Mailing Address 75450 ROAD 330

City

GRANT

State

NE

Zip Code

69140-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944316

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH L. SCHROEDER

Mailing Address 14545 MANUELLA RD

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
K.L.A.- TENCOROccupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928407

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2590.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1976 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. R A. SCHROCK

Mailing Address 1007 MAPLEWOOD DR

City

WAKARUSA

State

IN

Zip Code

46573-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956084

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND M. SCHROCK

Mailing Address 25652 STATE ROAD 119

City

GOSHEN

State

IN

Zip Code

46526-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARM STORE OWNER

Aggregate Year-to-Date ▼

1051.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943588

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. SCHRODER

Mailing Address 600 DOMENICO CIR  
UNIT G12

City

ST AUGUSTINE

State

FL

Zip Code

32086-7823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946057

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1977 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. MARVIN SCHUCK**

Mailing Address **610 W SHORE DRIVE**

City State Zip Code  
**WORTHINGTON MN 56187-3009**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13953623

Amount of Each Receipt this Period

41.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. MARVIN SCHUCK**

Mailing Address **610 W SHORE DRIVE**

City State Zip Code  
**WORTHINGTON MN 56187-3009**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13955263

Amount of Each Receipt this Period

45.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MS. MARGARET A. SCHUHMAN**

Mailing Address **1622 DAUPHIN AVENUE**

City State Zip Code  
**WYOMISSING PA 19610-2314**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931519

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

586.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1978 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MS. MARGARET I. SCHUH

Mailing Address 3348 BLOSSOM LN.

City

N TONAWANDA

State

NY

Zip Code

14120-1272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13932892

Amount of Each Receipt this Period

51.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EVAN SCHULMAN

Mailing Address 69 MOUNT VERNON ST

City

BOSTON

State

MA

Zip Code

02108-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931744

Amount of Each Receipt this Period

105.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GLENN V. SCHULTZ

Mailing Address 615 THREE EAGLES ST

City

COLORADO SPRINGS

State

CO

Zip Code

80905-2474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940223

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

211.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1979 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GLENN V. SCHULTZ**

Mailing Address **615 THREE EAGLES ST**

City State Zip Code  
**COLORADO SPRINGS CO 80905-2474**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941348**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DENNIS J. SCHUMANN**

Mailing Address **1347 JANUARY AVE**

City State Zip Code  
**SAINT LOUIS MO 63110-1810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RAY SCHUMANN & ASSOCIATES, INC.**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**620.00**

Date of Receipt

**11 / 15 / 2010**

**Transaction ID: SA11.13968858**

Amount of Each Receipt this Period

**210.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. PAUL SCHUMACHER**

Mailing Address **1724 LARK LN**

City State Zip Code  
**CHERRY HILL NJ 08003-3215**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOLMAN ENTERPRISES**

Occupation  
**ACCOUNTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**340.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13950027**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**345.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1980 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. SCHUSTER

Mailing Address 35611 ASH RD.

City

NEW BOSTON

State

MI

Zip Code

48164-9634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931217

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STACY SCHUSTERMAN

Mailing Address 2 WEST SECOND STREET  
20TH FLOOR

City

TULSA

State

OK

Zip Code

74103-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAMSON

Occupation  
CHAIRMAN, CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945253

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. SCHUUR

Mailing Address 13120 NIMROD PL.

City

LOS ANGELES

State

CA

Zip Code

90049-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930218

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2626.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1981 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. SCHUUR

Mailing Address 13120 NIMROD PL.

City

LOS ANGELES

State

CA

Zip Code

90049-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949278

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SCHWAB

Mailing Address PO BOX 192861

City

SAN FRANCISCO

State

CA

Zip Code

94119-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHARLES SCHWAB & COMPANY  
INC.Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13932248

Amount of Each Receipt this Period

4500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD ALLEN SCHWARZE

Mailing Address 213 TURNBERRY

City

MOUNTAIN HOME

State

AR

Zip Code

72653-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13955054

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

4650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1982 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD ALLEN SCHWARZE

Mailing Address 213 TURNBERRY

City

MOUNTAIN HOME

State

AR

Zip Code

72653-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966855

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY SCHWARTZ

Mailing Address 1901 W 17TH. ST.

City

DAVENPORT

State

IA

Zip Code

52804-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933056

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY SCHWARTZ

Mailing Address 1901 W 17TH. ST.

City

DAVENPORT

State

IA

Zip Code

52804-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960071

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

136.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1983 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE P. SCHWARTZ

Mailing Address 3707 W MAPLE RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48301-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965631

Amount of Each Receipt this Period

390.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELEN O. SCHWAB

Mailing Address 188 FAIR OAKS LANE

City

ATHERTON

State

CA

Zip Code

94027-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

29500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13951146

Amount of Each Receipt this Period

29500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. M. ROY SCHWARZ, M.D.

Mailing Address 812 ARMISTEAD STREET

City

WINCHESTER

State

VA

Zip Code

22601-6703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHINA MEDICAL BOARD OF NEW  
YOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN ADMINISTRATOR

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930487

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

29990.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1984 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. STEPHEN B. SCHWARTZ**

Mailing Address **41 CAYMAN PLACE**

City State Zip Code  
**PALM BEACH GARDENS FL 33418-8097**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**395.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

**Transaction ID: SA11.13928982**

Amount of Each Receipt this Period

**105.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. VERNICE SCHWARTZ**

Mailing Address **2157 CHANCERY DR.**

City State Zip Code  
**LOVELAND CO 80538-4347**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

**Transaction ID: SA11.13947176**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WILBUR C. SCHWARK**

Mailing Address **125 N. STANFORD**

City State Zip Code  
**BONFIELD IL 60913**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

**Transaction ID: SA11.13939860**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**131.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1985 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILBUR C. SCHWARK

Mailing Address 125 N. STANFORD

City

BONFIELD

State

IL

Zip Code

60913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940817

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM E. SCHWALM

Mailing Address 8120 LAMPLIGHTER CIR.

City

LINCOLN

State

NE

Zip Code

68510-4464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941074

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HAROLD M. SCHWEDER

Mailing Address 221 OLD POINTE RD.

City

PAWLEYS ISL

State

SC

Zip Code

29585-7615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952395

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1986 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JAMES J. SCHWEDER

Mailing Address W232S5950 CHARLES DR

City State Zip Code  
WAUKESHA WI 53189-9583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937359

Amount of Each Receipt this Period

80.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
FRANK SCIABICA, JR.

Mailing Address 2244 E MONONA DR

City State Zip Code  
PHOENIX AZ 85024-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANPOWER

Occupation

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950088

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. VINCENT R. SCORSONE

Mailing Address 6147 AVENIDA DEL DUQUE

City State Zip Code  
RANCHO SANTA FE CA 92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945357

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

340.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1987 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CALVIN WENDELL SCOTT

Mailing Address 4504 KINGSWICK DR

City

ARLINGTON

State

TX

Zip Code

76016-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939609

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. SCOTT

Mailing Address 8 SLATER ST.

City

PORT CHESTER

State

NY

Zip Code

10573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POLDER, INC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962692

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANET L. SCOTT

Mailing Address 695 RIVER OAKS DRIVE

City

HAYESVILLE

State

NC

Zip Code

28904-7811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963692

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1988 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JETTIE M. SCOTT

Mailing Address 300 CLAIBORNE AVE APT. 4  
APT. 4

City State Zip Code  
FREDERICKSBURG VA 22405-2687

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949372

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBIN S. SCOTT

Mailing Address 727 NOLL DR

City State Zip Code  
ARNOLD MO 63010-3935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938712

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS SCOTT, JR.

Mailing Address 7554 FAIRWAY WOODS DR

City State Zip Code  
SARASOTA FL 34238-2858

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936916

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1989 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TIM L. SCOTT

Mailing Address 4421 TANQUERAY PL

City

FORT WORTH

State

TX

Zip Code

76116-8173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TTI, INC.

Occupation

DIRECTOR OF MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961824

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER SCOTT, JR.

Mailing Address 3555 FARNAM STREET

City

OMAHA

State

NE

Zip Code

68131-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEVEL 3 COMMUNICATIONS,  
INC.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932251

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MILTON LEE SCURLOCK

Mailing Address 3936 SCURLOCK LN

City

PANAMA CITY

State

FL

Zip Code

32409-2144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958474

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1990 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
J. B. SEAL

Mailing Address 514 VIA DE FORTUNA WAY

City State Zip Code  
**MESQUITE NV 89027-7608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13962344

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
J. B. SEAL

Mailing Address 514 VIA DE FORTUNA WAY

City State Zip Code  
**MESQUITE NV 89027-7608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13973102

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MICHELE SEAL

Mailing Address P.O. BOX 25121

City State Zip Code  
**PORTLAND OR 97298-0121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAND INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956819

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**385.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1991 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. W. H. SEAMAN

Mailing Address 7328 FORBES AVENUE

City State Zip Code  
LAKE BALBOA CA 91406-2737FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960170

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. LEE E. SEAR

Mailing Address 805 RUE ROYAL

City State Zip Code  
METAIRIE LA 70005-3465FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941883

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
CAROL J. SEARS

Mailing Address 46916 GRISSOM ST

City State Zip Code  
STERLING VA 20165-3576FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930265

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1201.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1992 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. ANNE SEAVER**

Mailing Address **16 HARBOR AVE**

City State Zip Code  
**MARBLEHEAD MA 01945-3604**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 2 / 2 0 1 0**

Transaction ID: SA11.13968143

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**NADENE SEBENS**

Mailing Address **1000 N UNION DR APT 135**  
**APT 135**

City State Zip Code  
**MONTICELLO IL 61856-1253**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13940461

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. JOHN P. SEDLAK**

Mailing Address **31750 FAIRMOUNT BLVD**

City State Zip Code  
**CLEVELAND OH 44124-4813**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13971266

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1993 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. SEEDS

Mailing Address 6691 MONTGOMERY RD

City

MIDLOTHIAN

State

TX

Zip Code

76065-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951452

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD SEEGER

Mailing Address 4761 S LAKE DRIVE

City

BOYNTON BEACH

State

FL

Zip Code

33436-5901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933541

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL R. SEEGER

Mailing Address 12720 HILLCREST RD # 530

City

DALLAS

State

TX

Zip Code

75230-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEEGERS ENTERPRISES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13948199

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1994 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. W. LEONARD SEELEY**

Mailing Address **10351 KENWOOD DR**

City State Zip Code  
**GRASS VALLEY CA 95949-7512**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**302.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933284

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. W. LEONARD SEELEY**

Mailing Address **10351 KENWOOD DR**

City State Zip Code  
**GRASS VALLEY CA 95949-7512**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**302.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972087

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. KATHLEEN G. SEEMAYER**

Mailing Address **23444 WESTFORD PL.**

City State Zip Code  
**VALENCIA CA 91354-2102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929001

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**312.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1995 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
THOMAS A. SEENO

Mailing Address 1980 LAS TRAMPAS RD.

City State Zip Code  
ALAMO CA 94507-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A.D. SEENO CONT.

Occupation  
HOMEBUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963155

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. BARBARA O. SEGARS

Mailing Address 1000 HIGHLAND AVE SE

City State Zip Code  
ROME GA 30161-6235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942570

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ROGERS W. SEGARS

Mailing Address 21 PATRIOT DR

City State Zip Code  
DURHAM ME 04222-5276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950480

Amount of Each Receipt this Period

165.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1996 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT R. SEGERSTROM**

Mailing Address **236 COUNTRY CLUB DRIVE**

City State Zip Code  
**STERLING CO 80751-8654**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**285.00**

Date of Receipt

**11 / 08 / 2010**

**Transaction ID: SA11.13966814**

Amount of Each Receipt this Period

**75.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. STUART SEILER**

Mailing Address **12705 SE RIVER RD APT 205B**

City State Zip Code  
**PORTLAND OR 97222-9736**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**556.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13931872**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. NORMAN W. SEIP**

Mailing Address **5051 WOLF ROAD**

City State Zip Code  
**ERIE PA 16505-1341**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**211.00**

Date of Receipt

**11 / 02 / 2010**

**Transaction ID: SA11.13964728**

Amount of Each Receipt this Period

**80.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**205.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1997 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VIVIAN SEKIYA

Mailing Address 91-997 KEONEAE PL.

City

EWA BEACH

State

HI

Zip Code

96706-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940008

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VIVIAN SEKIYA

Mailing Address 91-997 KEONEAE PL.

City

EWA BEACH

State

HI

Zip Code

96706-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940723

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAN F. SELBY

Mailing Address 510 BROOME STREET  
APARTMENT 6E

City

NEW YORK

State

NY

Zip Code

10013-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940637

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

540.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1998 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LESTER E. SELBY

Mailing Address 8104 W WHITAKER AVE

City

GREENFIELD

State

WI

Zip Code

53220-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958679

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LESTER E. SELBY

Mailing Address 8104 W WHITAKER AVE

City

GREENFIELD

State

WI

Zip Code

53220-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958755

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER J. SELESKY

Mailing Address 71 PATERSON ST.

City

NEW BRUNSWICK

State

NJ

Zip Code

08901-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942614

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1999 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. SELEY

Mailing Address 1675 S. EUCLID AVENUE

City

SAN MARINO

State

CA

Zip Code

91108-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELEY & CO

Occupation

COMMODITY MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953624

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOE W. SELF, JR.

Mailing Address 13019 E. PINEHURST DRIVE

City

WICHITA

State

KS

Zip Code

67230-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOE SELF CHEVROLET

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934619

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE W. SELF, JR.

Mailing Address 13019 E. PINEHURST DRIVE

City

WICHITA

State

KS

Zip Code

67230-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOE SELF CHEVROLET

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935957

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

302.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2000 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**RANDY SELFRIDGE**

Mailing Address **43480 NE T RD.**

City State Zip Code  
**BURDETT KS 67523-2407**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FIVE STAR FARM INC.**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13960099

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM M. SELKIRK**

Mailing Address **186 PRETTY LAKE DR.**

City State Zip Code  
**MATTAWAN MI 49071-9416**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13955548

Amount of Each Receipt this Period

15.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**DR. TERRY SELLKE**

Mailing Address **1701 LAKEVIEW TER**

City State Zip Code  
**LIBERTYVILLE IL 60048-4813**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ORTHODONTIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956750

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1116.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2001 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DARRELL L. SELLS**

Mailing Address **575 MALL BLVD.  
 STE M.**

City State Zip Code  
**DYERSBURG TN 38024-1690**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DL SALES INC.**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**800.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

**Transaction ID: SA11.13956724**

Amount of Each Receipt this Period

**500.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. BULENT SERBES**

Mailing Address **115 LAKESHORE DR APT 1046**

City State Zip Code  
**NORTH PALM BEACH FL 33408-3644**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**261.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

**Transaction ID: SA11.13934812**

Amount of Each Receipt this Period

**11.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**JOHN W. SERCER**

Mailing Address **4800 E PLACITA TRES VIDAS**

City State Zip Code  
**TUCSON AZ 85718-2614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**340.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

**Transaction ID: SA11.13952852**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**711.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2002 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ANDREA SERNA**

Mailing Address **12813 DORIS DR**

City State Zip Code  
**BLACK HAWK SD 57718-9381**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NATIONAL AMERICAN UNIVERS-  
 ITY**

Occupation  
**HIGHER ED ADMINISTRATION**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**291.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

**Transaction ID: SA11.13929506**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. JOANNE F. SERRAINO**

Mailing Address **204 HARRISON AVE**

City State Zip Code  
**HASBROUCK HTS NJ 07604-1604**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

**Transaction ID: SA11.13960185**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. BEN H. SETTLES, USAF**

Mailing Address **4917 RAVENSWOOD DR. APT. 1509**

City State Zip Code  
**SAN ANTONIO TX 78227-4343**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**525.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

**Transaction ID: SA11.13959991**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**95.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2003 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. MYREN R. SEVERIN

Mailing Address 94-1133 KAPEHU ST

City State Zip Code  
**WAIPAHU HI 96797-5403**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CENTRAL CARE INC

Occupation  
 DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939596

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MRS. BARBARA A. SEXTON

Mailing Address 8701A ROCKY RIDGE RD

City State Zip Code  
**ROCKY RIDGE MD 21778-9305**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SEXTON CONTRACTORS

Occupation  
 GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959097

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 JOHN SEXTON

Mailing Address 1720 DORCHESTER DRIVE

City State Zip Code  
**NICHOLS HILLS OK 73120-1006**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ASHLY AUDIO INC

Occupation  
 SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939563

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2004 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. KAREN SEXTON**

Mailing Address **2163 STAGE STOP DR**

City State Zip Code  
**HENDERSON NV 89052-5824**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**REMAX**

Occupation  
**REAL ESTATE AGENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 4 / 2 0 1 0**

Transaction ID: SA11.13965156

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**NANCY R. SEXTON**

Mailing Address **303 E WATER ST**

City State Zip Code  
**MOUNT VERNON IN 47620-1945**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13949186

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. TERRANCE J. SHACKELTON**

Mailing Address **5609 CHIMNEY SWIFT DRIVE**

City State Zip Code  
**WAKE FOREST NC 27587-6703**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INTER-PACIFIC CORP**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 4 / 2 0 1 0**

Transaction ID: SA11.13965800

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2005 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELIZAVETA H. SHADURA

Mailing Address P.O. BOX 985

City

KASILOF

State

AK

Zip Code

99610-0985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932694

Amount of Each Receipt this Period

120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID R. SHAEFFER

Mailing Address 9316 45TH PL SE

City

SNOHOMISH

State

WA

Zip Code

98290-9214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1371.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948893

Amount of Each Receipt this Period

180.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID R. SHAEFFER

Mailing Address 9316 45TH PL SE

City

SNOHOMISH

State

WA

Zip Code

98290-9214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1371.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950505

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2006 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID R. SHAEFFER

Mailing Address 9316 45TH PL SE

City

SNOHOMISH

State

WA

Zip Code

98290-9214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1371.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950578

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID R. SHAEFFER

Mailing Address 9316 45TH PL SE

City

SNOHOMISH

State

WA

Zip Code

98290-9214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1371.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963721

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. YAGOB SHAER

Mailing Address 5354 BAY HILL DR

City

CANFIELD

State

OH

Zip Code

44406-9592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935116

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2007 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. DIANNE S. SHAFFIER**

Mailing Address **501 E MESQUITE ST**

City State Zip Code  
**GILBERT AZ 85296-1715**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13957668

Amount of Each Receipt this Period

**210.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. FRANK O. SHAFFER**

Mailing Address **12201 WOODVALE CT**

City State Zip Code  
**HERNDON VA 20170-2753**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BRITISH TELECOM**

Occupation  
**DIRECTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13932359

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. L. D. SHAFFER**

Mailing Address **557 ORIOLE COURT**

City State Zip Code  
**CRIDERSVILLE OH 45806-9625**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**361.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13939254

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**360.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2008 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. SHAFFER

Mailing Address 82751 BOSTON CT.

City

INDIO

State

CA

Zip Code

92201-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13969680

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS G. SHAFFER, JR.

Mailing Address 20 DEVONWOOD DR APT 173

City

FARMINGTON

State

CT

Zip Code

06032-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13929142

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS G. SHAFFER, JR.

Mailing Address 20 DEVONWOOD DR APT 173

City

FARMINGTON

State

CT

Zip Code

06032-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935260

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

205.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2009 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS G. SHAFFER, JR.

Mailing Address 20 DEVONWOOD DR APT 173

City

FARMINGTON

State

CT

Zip Code

06032-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949058

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS G. SHAFFER, JR.

Mailing Address 20 DEVONWOOD DR APT 173

City

FARMINGTON

State

CT

Zip Code

06032-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956179

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS G. SHAFFER, JR.

Mailing Address 20 DEVONWOOD DR APT 173

City

FARMINGTON

State

CT

Zip Code

06032-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13969297

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2010 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY SHAFRANSKI-CAMPOBELLO

Mailing Address 5817 BRANDONS WAY

City

ELKRIDGE

State

MD

Zip Code

21075-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

MARKETING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13937410

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SATISH C. SHAH

Mailing Address 6361 SE HARBOR CIR.

City

STUART

State

FL

Zip Code

34996-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938798

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SATISH C. SHAH

Mailing Address 6361 SE HARBOR CIR.

City

STUART

State

FL

Zip Code

34996-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944580

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2011 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. IMRAN SHAHAB

Mailing Address 5956 DAVENHILL DR

City

PLANO

State

TX

Zip Code

75093-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959159

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES SHAHIDI

Mailing Address 3 BAYVIEW TER

City

DUNELLEN

State

NJ

Zip Code

08812-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMMIT FILTER CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
CEO

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949813

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SHANAZ SHAKOORI

Mailing Address 3131 S RIDGE RD.

City

AKRON

State

OH

Zip Code

44333-2684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SICK LANE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962734

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2012 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANICE E. SHALLENBERG

Mailing Address 140 WINDSOR PARK DR. APT. E301

City

CAROL STREAM

State

IL

Zip Code

60188-4124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13958628

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JUDY LU SHALLENBERGER

Mailing Address P.O. BOX 617

City

GENOA

State

NV

Zip Code

89411-0617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13931575

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NED SHANAMAN

Mailing Address P.O. BOX 163

City

RICHLAND

State

PA

Zip Code

17087-0163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941826

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2013 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SHANKLIN

Mailing Address 1421 RUM STILL CIR.

City

NICEVILLE

State

FL

Zip Code

32578-1662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NANO MATERIALS & MANUFACT-  
URING

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961817

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANICE SHANNON

Mailing Address 9074 W CORNELL PL

City

LAKEWOOD

State

CO

Zip Code

80227-4506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FRANCHISE DAIRY QUEEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965224

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH R. SHANNON, JR.

Mailing Address 7 PINE CREEK LANE

City

HOUSTON

State

TX

Zip Code

77055-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935718

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2014 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. LESTER B. SHAPIROMailing Address 225 GIROD ST APT 303  
APT 303City State Zip Code  
NEW ORLEANS LA 70130-1685FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
ANTIQUE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933009

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. RYAN SHAPIRO

Mailing Address 1271 99 STREET

City State Zip Code  
BAY HARBOR ISLANDS FL 33154-1101FEC ID number of contributing  
federal political committee.**C**Name of Employer  
JPAYOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957955

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. CONRAD A. SHARADER

Mailing Address 153 E OAKWOOD ST

City State Zip Code  
TARPON SPGS FL 34689-3645FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ARCHITECTURAL METAL WORKSOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928851

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

7711.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2015 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. SHARP

Mailing Address 2 GITTINGS AVE

City

BALTIMORE

State

MD

Zip Code

21212-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939487

Amount of Each Receipt this Period

3.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES SHARTLE

Mailing Address P.O. BOX 1049

City

CROCKETT

State

TX

Zip Code

75835-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933539

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BETTY B. SHAW

Mailing Address 43 SHANNON STREET

City

BATH

State

NY

Zip Code

14810-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954598

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

153.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2016 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID L. SHAW

Mailing Address 225 COLEWOOD WAY NW

City

ATLANTA

State

GA

Zip Code

30328-2922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931728

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DONNA SHAW

Mailing Address 13915 104TH AVE

City

DAVENPORT

State

IA

Zip Code

52804-9040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941933

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD M. SHAW

Mailing Address 1525 PIPER DUNES PL

City

FERNANDINA

State

FL

Zip Code

32034-6619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931924

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2017 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOYLE G. SHAW

Mailing Address 4440 DUE WEST RD NW

City

KENNESAW

State

GA

Zip Code

30152-3853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953120

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ED SHAW

Mailing Address 2625 COONPATH RD NE

City

LANCASTER

State

OH

Zip Code

43130-8868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHAW AND HOLTER INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONTRACTOR

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971799

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. SHAW

Mailing Address 468 CLOVER HILL DR.

City

TIPP CITY

State

OH

Zip Code

45371-2488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963985

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2018 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAMELA G. SHAW

Mailing Address 210 BEECHMONT ST.

City

DEARBORN

State

MI

Zip Code

48124-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935805

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STUART SHAW

Mailing Address 6009 ELEOS CIR

City

AUSTIN

State

TX

Zip Code

78735-6110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BONNER CARRINGTON

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955902

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VALOYCE G. SHAW

Mailing Address 1411 MELS DR.

City

GARDEN CITY

State

KS

Zip Code

67846-3364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929496

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2019 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VALOYCE G. SHAW

Mailing Address 1411 MELS DR.

City

GARDEN CITY

State

KS

Zip Code

67846-3364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941687

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD J. SHEA

Mailing Address 366 GILMORE POND RD.

City

JAFFREY

State

NH

Zip Code

03452-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943688

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BLANCHE L. SHEARER

Mailing Address 9427 LETICIA DR.

City

SANTEE

State

CA

Zip Code

92071-2249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948713

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

216.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2020 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BLANCHE L. SHEARER

Mailing Address 9427 LETICIA DR.

City

SANTEE

State

CA

Zip Code

92071-2249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950678

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BLANCHE L. SHEARER

Mailing Address 9427 LETICIA DR.

City

SANTEE

State

CA

Zip Code

92071-2249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950691

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DON SHEARER

Mailing Address 1947 CRESTMONT DR

City

SAN JOSE

State

CA

Zip Code

95124-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13967833

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2021 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OLIVER V. SHEARER, JR.

Mailing Address 207 GRAND OAK BOULEVARD

City

CLINTON

State

MS

Zip Code

39056-6042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953659

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY F. SHEFFER

Mailing Address 10 MAYFLOWER LANE

City

SHELTON

State

CT

Zip Code

06484-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13932258

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY A. SHEFLO

Mailing Address 29572 WOODBROOK DR

City

AGOURA HILLS

State

CA

Zip Code

91301-4411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PLANTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13958966

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2090.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2022 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. MERLE SHELBOURN**

Mailing Address **30139 269TH AVE**

City State Zip Code  
**CROOKSTON NE 69212-7001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951432

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. W GARY SHELLEN**

Mailing Address **818 5TH AVENUE N.**

City State Zip Code  
**GREAT FALLS MT 59401-1532**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954610

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. JOHN E. SHELK**

Mailing Address **4845 YORKTOWN BLVD**

City State Zip Code  
**ARLINGTON VA 22207-2737**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMERICAN GAMING BOARD**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 06 / 2010**

Transaction ID: SA11.13966013

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2023 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHNNY LOWELL SHELTON

Mailing Address P.O. BOX 219

City

GOLDTHWAITE

State

TX

Zip Code

76844-0219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935128

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RODNEY SHEPHERD

Mailing Address P.O. BOX 598

City

HUBERT

State

NC

Zip Code

28539-0598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929215

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. W S. SHEPHERD

Mailing Address 735 LIBERTY AVE

City

BEAUMONT

State

TX

Zip Code

77701-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939190

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2024 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. W S. SHEPHERD

Mailing Address 735 LIBERTY AVE

City

BEAUMONT

State

TX

Zip Code

77701-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963401

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM KEITH SHEPHERD

Mailing Address 2308 W. E. STREET

City

NORTH PLATTE

State

NE

Zip Code

69101-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941757

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SHEPPARD

Mailing Address 12319 DRAKE PRAIRIE LANE

City

CYPRESS

State

TX

Zip Code

77429-3889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955976

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5086.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2025 / 3187

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TOM SHEPPARD

Mailing Address 116 EVERGREEN PLACE

City

BRISTOL

State

TN

Zip Code

37620-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRAMCO SERVICES, INC.

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945574

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ALVIN SHERMAN

Mailing Address 4295 H STREET RD

City

BLAINE

State

WA

Zip Code

98230-9228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13973223

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BETTY J. SHERMAN

Mailing Address 9452 CAPE CHARLES AVE

City

NEW PORT RICHEY

State

FL

Zip Code

34655-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928293

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2026 / 3187

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN EDWARD SHERMAN

Mailing Address 4141 COUNTRY CLUB CIR.

City

VIRGINIA BCH

State

VA

Zip Code

23455-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939514

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JONATHAN SHERMAN

Mailing Address CAROLINA SPINE &amp; NEUROSURGERY CENT

City

ASHEVILLE

State

NC

Zip Code

28803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAROLINA SPINE AND NEUROS-  
URGERYOccupation  
JONATHAN SHERMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957981

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ESTHER SHERWOOD

Mailing Address 175 N GIRARD ST. APT. 103

City

HEMET

State

CA

Zip Code

92544-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943640

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2027 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ESTHER SHERWOOD

Mailing Address 175 N GIRARD ST. APT. 103

City

HEMET

State

CA

Zip Code

92544-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949116

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ESTHER SHERWOOD

Mailing Address 175 N GIRARD ST. APT. 103

City

HEMET

State

CA

Zip Code

92544-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954618

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NEAL T. SHERWOOD

Mailing Address 10605 SAN MARCOS RD

City

ATASCADERO

State

CA

Zip Code

93422-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945618

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2028 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RANDY M. SHERWOOD

Mailing Address 16904 S DALTON AVE

City

GARDENA

State

CA

Zip Code

90247-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER BROTHERS

Occupation

TRUCK DRIVER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955860

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH L. SHIELDS

Mailing Address UNIT 15  
7705 E DOUBLETREE RANCH RD

City

SCOTTSDALE

State

AZ

Zip Code

85258-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933002

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARRY D. SHIELDS

Mailing Address 2209 OLD HICKORY BLVD

City

NASHVILLE

State

TN

Zip Code

37215-5309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SALES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931699

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

286.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2029 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MORRIS R. SHIELDS

Mailing Address 2240 S 186TH. ST.

City

OMAHA

State

NE

Zip Code

68130-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939538

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT M. SHIELS

Mailing Address 5427 FM 2515

City

KAUFMAN

State

TX

Zip Code

75142-5270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943300

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM SHIELDS

Mailing Address 2130 N. KLONDIKE DR.

City

TUCSON

State

AZ

Zip Code

85749-9725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952292

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2030 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. SHIELD

Mailing Address 1008 BUCKINGHAM

City

GROSSE POINTE PARK

State

MI

Zip Code

48230-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DICKINSON WRIGHT PLLC

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940783

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. SHIELD

Mailing Address 1008 BUCKINGHAM

City

GROSSE POINTE PARK

State

MI

Zip Code

48230-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DICKINSON WRIGHT PLLC

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959385

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN SHILLINGBURG

Mailing Address 4800 FILLMORE AVE APT. 603

City

ALEXANDRIA

State

VA

Zip Code

22311-5057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946625

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2031 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NAK K. SHIM

Mailing Address 2180 W LAKE RD

City

SKANEATELES

State

NY

Zip Code

13152-9615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951965

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. NAK K. SHIM

Mailing Address 2180 W LAKE RD

City

SKANEATELES

State

NY

Zip Code

13152-9615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953106

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LEON SHIMER

Mailing Address 7114 SW 90TH ST

City

HAMPTON

State

FL

Zip Code

32044-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933186

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

302.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2032 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT P. SHIMKUS

Mailing Address 2004 LAKESIDE COURT

City

CHAMPAIGN

State

IL

Zip Code

61821-6474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955044

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LARRY H. SHINGLER

Mailing Address 804 CHOCTAW LANE

City

SHALIMAR

State

FL

Zip Code

32579-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943597

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. INNESA SHINKARSKY

Mailing Address 575 LOS PALMOS DR

City

SAN FRANCISCO

State

CA

Zip Code

94127-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951377

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

205.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2033 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ETHELYN SHINN

Mailing Address 727 ALAMEDA BLVD

City

CORONADO

State

CA

Zip Code

92118-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947772

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LOIS SHINN

Mailing Address 2016 LEON BADEN RD

City

LEON

State

WV

Zip Code

25123-6334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918707

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GRAHAM SHIPMAN

Mailing Address P.O. BOX 1632

City

MOUNT SHASTA

State

CA

Zip Code

96067-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965869

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2034 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. KENNETH L. SHIPPY

Mailing Address 735 WINTER RD.

City State Zip Code  
GATESVILLE TX 76528-3316FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943562

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. KENNETH L. SHIPPY

Mailing Address 735 WINTER RD.

City State Zip Code  
GATESVILLE TX 76528-3316FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968058

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
BRUCE R. SHIREY

Mailing Address 3662 RANFIELD RD

City State Zip Code  
KENT OH 44240-6765FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944646

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2035 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. ALLAN SHIVERS, JR.Mailing Address 2905 SAN GABRIEL STREET  
SUITE 213City State Zip Code  
AUSTIN TX 78705-3541FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951131

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
JAMES D. SHOCKEY, JR.

Mailing Address P.O. BOX 2530

City State Zip Code  
WINCHESTER VA 22604-1729FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939561

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. SAMUEL F. SHON

Mailing Address 10602 HUMBOLT STREET

City State Zip Code  
LOS ALAMITOS CA 90720-2448FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SURE FORMING SYSTEMS INC.Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931865

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2036 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RALPH L. SHOOK**

Mailing Address **493 COUNTY RD. 4050**

City State Zip Code  
**SALEM MO 65560-3326**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**221.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13939013

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RALPH L. SHOOK**

Mailing Address **493 COUNTY RD. 4050**

City State Zip Code  
**SALEM MO 65560-3326**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**221.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13939768

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. EDNA S. SHORE**

Mailing Address **1225 HAVENDALE BLVD NW APT 417**

City State Zip Code  
**WINTER HAVEN FL 33881-5309**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954116

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**161.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2037 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY SHORES

Mailing Address 15570 PINENEEDLE CT

City

COLORADO SPRINGS

State

CO

Zip Code

80921-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931327

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARION SHORE

Mailing Address 3666 N. MESSICK RD.

City

NEW CASTLE

State

IN

Zip Code

47362-9315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952969

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL F. SHORT

Mailing Address PO BOX 7735

City

WACO

State

TX

Zip Code

76714-7735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F M SHORT CO.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960725

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2038 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICK A. SHORT

Mailing Address 157 HAZELNUT DR

City

JONESBOROUGH

State

TN

Zip Code

37659-6196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928988

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GWYNNE SHOTWELL

Mailing Address 18 BUCKSKIN LANE

City

ROLLING HILLS ESTA

State

CA

Zip Code

90274-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPACEX

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13927991

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHARLES ARTHUR SHOULTZ

Mailing Address 15004 SENDERO LN

City

WOODWAY

State

TX

Zip Code

76712-7570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952879

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2039 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. RUSSELL H. SHOWALTER, JR.

Mailing Address 32 SARAGOSSA STREET

City State Zip Code  
**ST AUGUSTINE FL 32084-3569**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DALE BALD SHOWALTER MERCI-  
 ER & GREEN

Occupation  
 ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959814

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. JIM SHOWERS

Mailing Address 105 SEMINARY DR

City State Zip Code  
**MILL VALLEY CA 94941-3146**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941260

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. JIM SHOWERS

Mailing Address 105 SEMINARY DR

City State Zip Code  
**MILL VALLEY CA 94941-3146**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948816

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2040 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MILDRED SHOWS

Mailing Address 279 BLACKWELL ROAD

City

MENDENHALL

State

MS

Zip Code

39114-5686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943772

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MILDRED SHOWS

Mailing Address 279 BLACKWELL ROAD

City

MENDENHALL

State

MS

Zip Code

39114-5686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952040

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LESLIE A. SHREM

Mailing Address 197 RIDGEDALE AVE

City

CEDAR KNOLLS

State

NJ

Zip Code

07927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHERN ANESTLOSIAOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932292

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

365.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2041 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

JAMES M. SHRODE

Mailing Address 16442 GRIMAUD LN

City

HUNTINGTN BCH

State

CA

Zip Code

92649-1827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID:** SA11.13939147

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOLLY D. SHULER

Mailing Address 2209 E. 60TH STREET

City

SAVANNAH

State

GA

Zip Code

31404-5119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID:** SA11.13946052

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOLLY D. SHULER

Mailing Address 2209 E. 60TH STREET

City

SAVANNAH

State

GA

Zip Code

31404-5119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** SA11.13953262

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2042 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOLLY D. SHULER

Mailing Address 2209 E. 60TH STREET

City

SAVANNAH

State

GA

Zip Code

31404-5119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957590

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY A. SHURTLEFF

Mailing Address P.O. BOX 2260

City

PIKEVILLE

State

KY

Zip Code

41502-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955165

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RICHARD H. SHUTTE

Mailing Address 3842 GRANT AVE

City

DAYTON

State

OH

Zip Code

45431-1598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13951860

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2043 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RICHARD H. SHUTTE

Mailing Address 3842 GRANT AVE

City

DAYTON

State

OH

Zip Code

45431-1598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952584

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILL SIBLEY

Mailing Address 3204 REED DR

City

BELLEVUE

State

NE

Zip Code

68005-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972855

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LT. COL. WILLIAM H. SIBLEY, RET.

Mailing Address 3204 REED DR.

City

BELLEVUE

State

NE

Zip Code

68005-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934029

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2044 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LT. COL. WILLIAM H. SIBLEY, RET.

Mailing Address 3204 REED DR.

City

BELLEVUE

State

NE

Zip Code

68005-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941569

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LT. COL. WILLIAM H. SIBLEY, RET.

Mailing Address 3204 REED DR.

City

BELLEVUE

State

NE

Zip Code

68005-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953876

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LT. COL. WILLIAM H. SIBLEY, RET.

Mailing Address 3204 REED DR.

City

BELLEVUE

State

NE

Zip Code

68005-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957298

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

171.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2045 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RONALD SIDERS

Mailing Address 1955 WEDGEWOOD CIR

City

SPRINGFIELD

State

OH

Zip Code

45503-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933294

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. STEVEN D. SIDES

Mailing Address 5321 W B ST

City

GREELEY

State

CO

Zip Code

80634-4269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANNER HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963622

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. SIE

Mailing Address 21 SANDY LAKE RD.

City

ENGLEWOOD

State

CO

Zip Code

80113-4140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AJS VENTURES LLC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932437

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1226.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2046 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. WALTER F. SIEBECKER

Mailing Address 262 CENTRAL PARK W APT. 3D

City State Zip Code  
NEW YORK NY 10024FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956727

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MS. CHRISTEL SIEDENTOP

Mailing Address 978 BLACKBURN DRIVE

City State Zip Code  
INVERNESS IL 60067-4216FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943693

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. CHRISTEL SIEDENTOP

Mailing Address 978 BLACKBURN DRIVE

City State Zip Code  
INVERNESS IL 60067-4216FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958367

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2047 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. SIEFFERT

Mailing Address 740 RANDALL DRIVE

City

TROY

State

MI

Zip Code

48085-4853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951687

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ERIC R. SIEGEL

Mailing Address 501 RIDGEWAY DR. APT. 7

City

LITTLE ROCK

State

AR

Zip Code

72205-4180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ARKANSAS FOR  
MEDICAL SCI

Occupation  
BIostatistician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953363

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA A. SIEMSEN

Mailing Address 27025 GLYNNS CREEK CT.

City

ELDRIDGE

State

IA

Zip Code

52748-9405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958343

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2048 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA A. SIEMSEN

Mailing Address 27025 GLYNNS CREEK CT.

City

ELDRIDGE

State

IA

Zip Code

52748-9405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958625

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JILL SIGAL

Mailing Address 6400 RIDGE DRIVE

City

BETHESDA

State

MD

Zip Code

20816-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JILL SIGAL ASSOCIATES

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938784

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FREDA SIGILLITO

Mailing Address 1113 HOLLYDALE DR

City

FULLERTON

State

CA

Zip Code

92831-2822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FULLERTON SCHOOL DISTR

Occupation  
INSTRUCTIONAL ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965225

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1031.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2049 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**FREDA SIGILLITO**

Mailing Address **1113 HOLLYDALE DR**

City State Zip Code  
**FULLERTON CA 92831-2822**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FULLERTON SCHOOL DISTR**

Occupation  
**INSTRUCTIONAL ASST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**401.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13965271

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DAVID SIINO**

Mailing Address **120 GREENWICH STREET**

City State Zip Code  
**NEW YORK NY 10006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EPOCH INVESTMENT PARTNERS**

Occupation  
**ANALYST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13929708

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. SUZANNE SILBERG**

Mailing Address **18776 BERNARDO TRAILS DR.**

City State Zip Code  
**SAN DIEGO CA 92128-1113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13964393

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**325.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2050 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. KIMBERLY A. SILVA**

Mailing Address **35603 MORLEY PL**

City State Zip Code  
**FREMONT CA 94536-3326**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHICAGO TITLE CO.**

Occupation  
**ESCROW OFFICER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941586

Amount of Each Receipt this Period

**26.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**NORMAN SILVERDALE**

Mailing Address **177 CAMELOT ARMS BLDG. U**

City State Zip Code  
**YORK PA 17406-1868**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENSIGN**

Occupation  
**U.S. NAVY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**651.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972850

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**PAUL SILVIA**

Mailing Address  
**2121 OLD GATESBURG ROAD SUITE 200**

City State Zip Code  
**STATE COLLEGE PA 16803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1698.02**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11A.13977532

Amount of Each Receipt this Period

**1698.02**

IN-KIND CONTRIBUTION

IN-KIND: FOOD, BEVERAGE  
AND POSTAGE

**SUBTOTAL** of Receipts This Page (optional) .....

**1924.02**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2051 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**PETER J. SIMIC**

Mailing Address **700 S MARIPOSA ST.**

City State Zip Code  
**BURBANK CA 91506-3104**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956157

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. CLIFFORD SIMMONS**

Mailing Address **4900 M 52**

City State Zip Code  
**WILLIAMSTON MI 48895-9563**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**OMEGA FARMS**

Occupation  
**RANCHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 1 / 2 0 1 0**

Transaction ID: SA11.13967591

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. JAMES P. SIMMONS**

Mailing Address **3957 PARADISE VIEW DRIVE  
STE 700**

City State Zip Code  
**PARADISE VALLEY AR 85253**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**JAMES P. SIMMONS & ASSOCI-  
ATES**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961881

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2052 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. SIMMONS

Mailing Address 3957 PARADISE VIEW DRIVE  
STE 700

City State Zip Code  
PARADISE VALLEY AR 85253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JAMES P. SIMMONS & ASSOCI-  
ATES

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964784

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LON SIMMONS

Mailing Address 10 WAILEA EKOLU PL. APT. 1707

City State Zip Code  
KIHEI HI 96753-9505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972098

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. REGINALD C. SIMMONS

Mailing Address P.O. BOX 251

City State Zip Code  
TIMBERON NM 88350-0251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944511

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2053 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN D. SIMMONS

Mailing Address 4036 COUNTRY WAY DR

City

BATON ROUGE

State

LA

Zip Code

70816-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918666

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUSAN D. SIMMONS

Mailing Address 4036 COUNTRY WAY DR

City

BATON ROUGE

State

LA

Zip Code

70816-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934434

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SIMMONS

Mailing Address 351 STAFFODSHIRE RD

City

WINSTON SALEM

State

NC

Zip Code

27104-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949292

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2054 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ALICE B. SIMONSON

Mailing Address PO BOX 512

City

WATFORD CITY

State

ND

Zip Code

58854-0512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928114

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALLEN SIMON

Mailing Address 1383 N CRISS ST

City

CHANDLER

State

AZ

Zip Code

85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966566

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN H. SIMON

Mailing Address 1383 N CRISS STREET

City

CHANDLER

State

AZ

Zip Code

85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11.13947719

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2055 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEIL I. SIMON

Mailing Address 327E 48TH ST.

City

NEW YORK

State

NY

Zip Code

10036-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964632

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. SIMONDS

Mailing Address 2318 LAKESHORE DR

City

FENNVILLE

State

MI

Zip Code

49408-9713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968407

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. SIMONDS

Mailing Address 2318 LAKESHORE DR

City

FENNVILLE

State

MI

Zip Code

49408-9713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972148

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2056 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUDY V. SIMONE

Mailing Address 1880 136TH PL. NE

City

BELLEVUE

State

WA

Zip Code

98005-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN TILE & MARBLE

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964714

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHUSHAN TENY SIMON

Mailing Address 3310 OAKMONT VIEW DR.

City

GLENDALE

State

CA

Zip Code

91208-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940844

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SUZANNE SIMONS

Mailing Address 3009 CHEVY CHASE DR.

City

HOUSTON

State

TX

Zip Code

77019-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSTON BULLDOG CAPITAL  
MANAGEMENT

Occupation  
ASSET MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13927987

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2057 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. VIC S. SIMONIAN

Mailing Address 6 BURNING TREE

City State Zip Code  
**LAGUNA NIGUEL CA 92677-5305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945607

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. WILLIAM SIMON

Mailing Address 11 OXFORD DRIVE

City State Zip Code  
**ROGERS AR 72758-9530**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 WALMART

Occupation  
 MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11.13960664

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MRS. GENETTE L. SIMPKINS

Mailing Address 646 ILIKAI STREET

City State Zip Code  
**KAILUA HI 96734-1607**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962806

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1590.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2058 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SIMPSON

Mailing Address 4865 CRAIG STREET

City

MILTON

State

FL

Zip Code

32583-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941917

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD SIMPSON

Mailing Address 608 W BRADDOCK RD

City

ALEXANDRIA

State

VA

Zip Code

22302-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIMPSON DEVELOPMENT CO INCOccupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954454

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD M. SIMPSON

Mailing Address 4203 N CHELSEA PL.

City

PEORIA

State

IL

Zip Code

61614-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930285

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

530.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2059 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JANICE FREED SIMPSON

Mailing Address 9350 POUNDSTONE PL.

City

GREENWOOD VILLAGE

State

CO

Zip Code

80111-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AURORA MENTAL HEALTH CENT-  
ER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928511

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JANICE FREED SIMPSON

Mailing Address 9350 POUNDSTONE PL.

City

GREENWOOD VILLAGE

State

CO

Zip Code

80111-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AURORA MENTAL HEALTH CENT-  
ER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955799

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. SIMPSON, SR.

Mailing Address 204 KINGS CROSSING CIR APT 3A

City

BEL AIR

State

MD

Zip Code

21014-3280

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13929987

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

211.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2060 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JASPRIT SINGH

Mailing Address 9 HAZELWOOD LANE

City

GRAND ISLAND

State

NY

Zip Code

14072-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JMS PROCESS CONTRACTING  
INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13943011

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CATHERINE A. SINKYS

Mailing Address 465 W END AVE  
APT 8 B

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933675

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANET SIPE

Mailing Address 2340 BIRCH RD

City

YORK

State

PA

Zip Code

17408-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938287

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2061 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANET SIPE

Mailing Address 2340 BIRCH RD

City

YORK

State

PA

Zip Code

17408-4107

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950829

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RAMANATHER SIRITHARA

Mailing Address 3001 S HANOVER ST

City

BROOKLYN

State

MD

Zip Code

21225-1233

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945405

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH B. SIRNA

Mailing Address 2378 BERGEN AVENUE

City

BROOKLYN

State

NY

Zip Code

11234-6612

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938622

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

805.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2062 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN R. SITTERLE

Mailing Address 16003 ALSACE

City

SAN ANTONIO

State

TX

Zip Code

78232-2775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955800

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MELIA SKANDALAKIS

Mailing Address 5460 E EL JARDIN ST

City

LONG BEACH

State

CA

Zip Code

90815-4153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972135

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY SKASKIW

Mailing Address 32433 WILLOW PARKE CIR.

City

FERNANDINA

State

FL

Zip Code

32034-7039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959721

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2063 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY SKELSEY

Mailing Address 9 SUNSET LANE

City

RYE

State

NY

Zip Code

10580-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FULTON CAPITAL MANAGEMENT  
LLC

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947653

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NEUSA SKEOCH

Mailing Address 6857 ELAINE WAY

City

SAN DIEGO

State

CA

Zip Code

92120-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935324

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NEUSA SKEOCH

Mailing Address 6857 ELAINE WAY

City

SAN DIEGO

State

CA

Zip Code

92120-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966254

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2064 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NICK K. SKERIOTIS

Mailing Address 967 TERSHELL TRL

City

MOGADORE

State

OH

Zip Code

44260-8895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PAVING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946436

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM B. SKILES

Mailing Address 3601 TURTLE CREEK BLVD. APT. 2

City

DALLAS

State

TX

Zip Code

75219-5504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954571

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID B. SKILLMAN

Mailing Address 285 SHADY LN

City

BIGFORK

State

MT

Zip Code

59911-6532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930231

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

501.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2065 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GLEN SKILLRUD

Mailing Address 3719 HUNTERS POINT ST

City

SAN ANTONIO

State

TX

Zip Code

78230-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930291

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J. SKOCILICH

Mailing Address 25949 28TH ST

City

SN BERNRDNO

State

CA

Zip Code

92404-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948483

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BERNARD J. SKOPP

Mailing Address 38 JAY CIRCLE

City

FAIRFIELD

State

CT

Zip Code

06825-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13947491

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

276.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2066 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JAMES A. SKRABAK**

Mailing Address **4683 FOX MOOR PLACE**

City State Zip Code  
**GREENWOOD IN 46143-9200**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PATNAM COUNTY HOSPITAL**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: **SA11.13940846**

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. RUSSELL S. SLADE**

Mailing Address **11800 W 49TH. AVE UNIT 234**

City State Zip Code  
**WHEAT RIDGE CO 80033-2191**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: **SA11.13930062**

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MRS. ROZELLA W. SLAFER**

Mailing Address **1708 SE LAWRENCE STREET**

City State Zip Code  
**BENTONVILLE AR 72712-6835**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WAL-MART STORES, INC**

Occupation  
**SENIOR TAX MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: **SA11.13962715**

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**285.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2067 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. GARY L. SLATER**

Mailing Address **132 HOLLYWOOD STREET**

City State Zip Code  
**OBERLIN OH 44074-1010**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**510.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937026

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. FLOYD W. SLAUBAUGH**

Mailing Address **7591 44TH AVE NE**

City State Zip Code  
**WOLFORD ND 58385-9502**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13959056

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MEREDITH SLAUGHTER**

Mailing Address **12392 FM 3271**

City State Zip Code  
**TYLER TX 75704-3820**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**11 / 16 / 2010**

Transaction ID: SA11.13969217

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2068 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GENE SLAVIN

Mailing Address 2225 65TH ST

City

BROOKLYN

State

NY

Zip Code

11204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BASS INC

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946475

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS JANICE D. SLAY

Mailing Address 16528 MUNN OVAL

City

CLEVELAND

State

OH

Zip Code

44111-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO DEPT OF HEALTH

Occupation

REGISTERED DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944042

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS JANICE D. SLAY

Mailing Address 16528 MUNN OVAL

City

CLEVELAND

State

OH

Zip Code

44111-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO DEPT OF HEALTH

Occupation

REGISTERED DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957731

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2069 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ALVIN L. SLAYTON**

Mailing Address **279 MIDDLEFIELD LN**

City State Zip Code  
**LASCASSAS TN 37085-4669**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13945360

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. WARREN SLIDER**

Mailing Address **2607 WILDWOOD DR.**

City State Zip Code  
**CLARKSVILLE IN 47129-1641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**311.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960198

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. LOIS L. SLIGH**

Mailing Address **1627 S. SHORE DRIVE**

City State Zip Code  
**HOLLAND MI 49423-4435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**11 / 01 / 2010**

Transaction ID: SA11.13963525

Amount of Each Receipt this Period

**201.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**336.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2070 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. SLOAN

Mailing Address 40 E. 94TH STREET  
APARTMENT 24F

City	State	Zip Code
NEW YORK	NY	10128-0740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13947762

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. STEWART SLOAN

Mailing Address 11101 N 78TH. ST.

City	State	Zip Code
OMAHA	NE	68122-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949113

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. D. DAVID SLOSBURG

Mailing Address 10040 REGENCY CIRCLE

City	State	Zip Code
OMAHA	NE	68114-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SLOSBURGOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13951059

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5305.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2071 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD SLOSBURG

Mailing Address 10040 REGENCY CIRCLE

City

OMAHA

State

NE

Zip Code

68114-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SLOSBURG

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13951060

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY SLOVAK

Mailing Address 59 OLD FRANKFORT WAY APT 314

City

FRANKFORT

State

IL

Zip Code

60423-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOVERNORS STATE UNIVERSITY

Occupation

COLLEGE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940761

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RONALD SMAHA

Mailing Address 1377 CHESTNUT ST.

City

WEST BEND

State

WI

Zip Code

53095-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952200

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5075.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2072 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RONALD SMAHA

Mailing Address 1377 CHESTNUT ST.

City

WEST BEND

State

WI

Zip Code

53095-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953249

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT T. SMALES

Mailing Address 4 CLARA COURT

City

GROVELAND

State

MA

Zip Code

01834-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928676

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HOA T. SMALL

Mailing Address 17393 FOUR SEASONS DR

City

DUMFRIES

State

VA

Zip Code

22025-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13937260

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

124.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2073 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HOA T. SMALL

Mailing Address 17393 FOUR SEASONS DR

City

DUMFRIES

State

VA

Zip Code

22025-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945691

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LELAND F. SMALL

Mailing Address 332 MILLBROOK DR

City

NORMAN

State

OK

Zip Code

73072-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972025

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATSY SMALL

Mailing Address P.O. BOX 470082

City

FT. WORTH

State

TX

Zip Code

76147-0082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11.13960663

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2074 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P. SMALL

Mailing Address 1585 E 22ND ST.

City

TULSA

State

OK

Zip Code

74114-1305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942979

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. SMELKER

Mailing Address P.O. BOX 25638

City

HONOLULU

State

HI

Zip Code

96825-0638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965342

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALLANA SMELSER

Mailing Address 1343 SE MAIN ST

City

PAOLI

State

IN

Zip Code

47454-9775

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931906

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2075 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY L. SMERGLIA

Mailing Address 9471 LAKEWOOD DR NE

City

MINERAL CITY

State

OH

Zip Code

44656-9085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935681

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARIO SMIAJLS

Mailing Address 1422 MURPHY DR

City

RICHARDSON

State

TX

Zip Code

75082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	0

Transaction ID: SA11.13971192

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN E. SMIDEBUSH

Mailing Address 1063 DEL RIO WAY

City

MORAGA

State

CA

Zip Code

94556-2032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939599

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

770.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2076 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALAN M. SMITH

Mailing Address 724 MILL WALK NW

City

ATLANTA

State

GA

Zip Code

30327-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941329

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANN COIT SMITH

Mailing Address 8404 MILE TREE DRIVE

City

FORT SMITH

State

AR

Zip Code

72903-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945316

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BAKER A. SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City

MARIETTA

State

GA

Zip Code

30067-5164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BDO CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGEMENT CONSULTANT

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946856

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2077 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARBARA SMITH

Mailing Address 49 FAIRWAY LN.

City

LITTLETON

State

CO

Zip Code

80123-6648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969209

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BARRY A. SMITH

Mailing Address 903 MCDOWELL DR

City

GREENSBORO

State

NC

Zip Code

27408-6719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955848

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BEVERLY DAWN SMITH

Mailing Address 1 PENNSYLVANIA PL APT 304

City

OTTUMWA

State

IA

Zip Code

52501-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933683

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2078 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BEVERLY DAWN SMITH

Mailing Address 1 PENNSYLVANIA PL APT 304

City

OTTUMWA

State

IA

Zip Code

52501-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939934

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS BRENDA SMITH

Mailing Address 6327 BURCHFIELD AVENUE

City

PITTSBURGH

State

PA

Zip Code

15217-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937468

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL C. SMITH

Mailing Address 16779 THOMAS WHITE DR

City

RIVERSIDE

State

CA

Zip Code

92518-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939635

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2079 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. CARL C. SMITH

Mailing Address 16779 THOMAS WHITE DR

City State Zip Code  
**RIVERSIDE CA 92518-2925**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13972740**

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MS. CHARCEY SMITH

Mailing Address 532 OAK GROVE ROAD

City State Zip Code  
**ROGERSVILLE TN 37857-3456**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID: SA11.13946486**

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MS. CHARCEY SMITH

Mailing Address 532 OAK GROVE ROAD

City State Zip Code  
**ROGERSVILLE TN 37857-3456**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13949032**

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2080 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CHARCEY SMITH

Mailing Address 532 OAK GROVE ROAD

City

ROGERSVILLE

State

TN

Zip Code

37857-3456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955477

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CHARCEY SMITH

Mailing Address 532 OAK GROVE ROAD

City

ROGERSVILLE

State

TN

Zip Code

37857-3456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958999

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARAD P. SMITH, JR.

Mailing Address P.O. BOX 7  
UNIT 1009

City

RAND

State

CO

Zip Code

80473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940587

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2081 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. CINDY SMITH**

Mailing Address **5660 BELEWS CREEK RD**

City State Zip Code  
**WALKERTOWN NC 27051-9764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNEMPLOYED**

Occupation  
**UNEMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13970038

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CLARENCE R. SMITH**

Mailing Address **575 OSGOOD ST**

City State Zip Code  
**NORTH ANDOVER MA 01845**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929069

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. CLAUDE W. SMITH**

Mailing Address **216 1/2 E PIERCE ST.**

City State Zip Code  
**MANGUM OK 73554-4227**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1334.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937729

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**195.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2082 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE W. SMITH

Mailing Address 216 1/2 E PIERCE ST.

City

MANGUM

State

OK

Zip Code

73554-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944592

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE W. SMITH

Mailing Address 216 1/2 E PIERCE ST.

City

MANGUM

State

OK

Zip Code

73554-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950389

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE W. SMITH

Mailing Address 216 1/2 E PIERCE ST.

City

MANGUM

State

OK

Zip Code

73554-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954775

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2083 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE W. SMITH

Mailing Address 216 1/2 E PIERCE ST.

City

MANGUM

State

OK

Zip Code

73554-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967239

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL SMITH

Mailing Address 10 NEST DRIVE

City

WESTERLY

State

RI

Zip Code

02891-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMETEK

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965295

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DAYON SMITH

Mailing Address RR 2 BOX 66

City

ARNETT

State

OK

Zip Code

73832-9413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929035

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2084 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. DAYTON A. SMITH, JR.**

Mailing Address **4375 VARSITY LANE**

City State Zip Code  
**HOUSTON TX 77004-6617**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNIVERSITY OF HOUSTON**

Occupation  
**PUBLIC BROADCASTING**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**620.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931808

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DONALD SMITH**

Mailing Address **8103 NORTH HOLW APT 129**

City State Zip Code  
**SAN ANTONIO TX 78240-2393**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956447

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. E GREGORY SMITH**

Mailing Address **229 BAVARIAN DRIVE  
 APARTMENT K.**

City State Zip Code  
**MIDDLETOWN OH 45044-5470**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936314

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**210.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2085 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EBEN SMITH

Mailing Address 2031 W CALLE PLACIDA

City

TUCSON

State

AZ

Zip Code

85745-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929078

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ELMER E. SMITH

Mailing Address 198 VICTORIA WAY

City

GEORGETOWN

State

KY

Zip Code

40324-9186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957316

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELWOOD LEROY SMITH

Mailing Address 6429 GWIN RD.

City

OAKLAND

State

CA

Zip Code

94611-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950026

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2086 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FAYE SMITH

Mailing Address 260 JULIE RD.

City

TYRONE

State

GA

Zip Code

30290-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939567

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. FLOR SMITH

Mailing Address 1509 BONHAM COURT

City

IRVING

State

TX

Zip Code

75038-5929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928546

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FLOYD L. SMITH

Mailing Address 4 PETER COOPER RD  
APT 9G

City

NEW YORK

State

NY

Zip Code

10010-6746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959834

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2087 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DR. FREDERICK SMITH

Mailing Address 10706 BEAVER DAM ROAD

City State Zip Code  
HUNT VALLEY MD 21030-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SINCLAIR BROADCAST GROUP,  
INC.

Occupation  
BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942595

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
GARY SMITH

Mailing Address 131 PALMETTO CRK

City State Zip Code  
ASHVILLE AL 35953-4336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918701

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
GOODHUE SMITH

Mailing Address 3520 N RIDGE DR

City State Zip Code  
WACO TX 76710-1249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969285

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2088 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GORDON F. SMITH

Mailing Address 8420 NEW HARRISON BRADFORD RD.

City

BRADFORD

State

OH

Zip Code

45308-9505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13947119

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GORDON F. SMITH

Mailing Address 8420 NEW HARRISON BRADFORD RD.

City

BRADFORD

State

OH

Zip Code

45308-9505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966782

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY P. SMITH

Mailing Address 3810 N SOUTHWOOD DRIVE

City

OCONOMOWOC

State

WI

Zip Code

53066-4560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYVILLE LIMESTONE, INC.Occupation  
V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13942610

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2089 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. H. BLAKE SMITH

Mailing Address 1000 HARMONY LANE

City

FULLERTON

State

CA

Zip Code

92831-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954027

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HERBERT SMITH, SR.

Mailing Address 899 CLEVELAND AVE S APT. 304

City

SAINT PAUL

State

MN

Zip Code

55116-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954115

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEANNA A. SMITH

Mailing Address PO BOX 6723

City

PARIS

State

TX

Zip Code

75461-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIERE HOME CARE

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964428

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2090 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY SMITH

Mailing Address 2503-B PATRIOT WAY

City

GREENSBORO

State

NC

Zip Code

27408-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPES TRANSPORT SYSTEM

Occupation

DISPATCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942602

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JILL A. SMITH

Mailing Address 2300 N ATLANTIC AVE  
APT 801

City

DAYTONA BEACH

State

FL

Zip Code

32118-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTEREY GRILL RESTAURANT  
GROUP IN

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959127

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN SMITH

Mailing Address 147 MC KINLEY AVE

City

NORWICH

State

CT

Zip Code

06360-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954466

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2091 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. KAREN L. SMITH**

Mailing Address **1809 FREDERICK COURT**

City State Zip Code  
**CHESAPEAKE VA 23321-1962**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13918501

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**KINGSTON SMITH**

Mailing Address **9813 WINTERCRESS CT**

City State Zip Code  
**VIENNA VA 22182-1479**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US HOUSE OF REPRESENTATIVES**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13955930

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. LESTER SMITH**

Mailing Address **155 WOODLAND DR**

City State Zip Code  
**PINEHURST NC 28374-8202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TOWN CENTER PHARMACY**

Occupation  
**PHARMACIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**335.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962608

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**385.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2092 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LUCRETIA BREAZEALE SMITH

Mailing Address 2914 LOW OAK ST.

City

SAN ANTONIO

State

TX

Zip Code

78232-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

WIFE AND MOTHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932665

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARLIN R. SMITH

Mailing Address 2914 LOW OAK ST

City

SAN ANTONIO

State

TX

Zip Code

78232-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMITH HAMILTON LLC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944083

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MERLYN H. SMITH

Mailing Address 1100 ROSSEHL LN

City

MONTROSE

State

CO

Zip Code

81401-5379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928000

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

227.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2093 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MERLYN H. SMITH

Mailing Address 1100 ROSSEHL LN

City

MONTROSE

State

CO

Zip Code

81401-5379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938486

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MERLYN H. SMITH

Mailing Address 1100 ROSSEHL LN

City

MONTROSE

State

CO

Zip Code

81401-5379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968027

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. SMITH

Mailing Address 3400 BENEVA RD

City

SARASOTA

State

FL

Zip Code

34232-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13938429

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2094 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL D. SMITH

Mailing Address 3400 BENEVA RD

City

SARASOTA

State

FL

Zip Code

34232-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938456

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL LOUIS SMITH

Mailing Address 201 BAY SHORE AVE UNIT 103

City

LONG BEACH

State

CA

Zip Code

90803-3537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945688

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SMITH

Mailing Address 900 W ALPINE WAY APT. 107

City

SHELTON

State

WA

Zip Code

98584-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928297

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2095 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SMITH

Mailing Address 900 W ALPINE WAY APT. 107

City

SHELTON

State

WA

Zip Code

98584-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930055

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SMITH

Mailing Address 1154 RAGLEY HALL ROAD N.E.

City

ATLANTA

State

GA

Zip Code

30319-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P.Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13957706

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. SMITH

Mailing Address P.O. BOX 1286

City

MARBLE FALLS

State

TX

Zip Code

78654-1286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13953693

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

580.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2096 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT N. SMITH**

Mailing Address **451 TRACY BROWN RD.**

City State Zip Code  
**MAGNOLIA NC 28453-8953**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SMITH BROS GAS CO**

Occupation  
**PRESIDENT/SMALL BUSINESS OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13959446

Amount of Each Receipt this Period

**20.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**RODNEY SMITH**

Mailing Address **4207 170TH AVE**

City State Zip Code  
**LAKOTA IA 50451-7009**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BEAKON AND ASSOCIATES AND**

Occupation  
**INSURANCE AGENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 29 / 2010**

Transaction ID: SA11.13959216

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. ROGER S. SMITH**

Mailing Address **9624 N LAMPLIGHTER LN  
 # 32W**

City State Zip Code  
**MEQUON WI 53092**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**A. O. SMITH CORPORATION**

Occupation  
**MANAGER CORPORATE ADV. & P.A.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930467

Amount of Each Receipt this Period

**600.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**720.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2097 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROLAND E. SMITH

Mailing Address 1208 MAEBETH CIR SE

City

HUNTSVILLE

State

AL

Zip Code

35803-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944391

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROLAND E. SMITH

Mailing Address 1208 MAEBETH CIR SE

City

HUNTSVILLE

State

AL

Zip Code

35803-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944407

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL SMITH

Mailing Address 5280 MAIN ST N

City

ST PETERSBURG

State

FL

Zip Code

33714-2245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936598

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2098 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SALLIE ELLEN SMITH

Mailing Address 430 E 55TH ST

City

KANSAS CITY

State

MO

Zip Code

64110-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DALTON'S

Occupation

RESOURCE LIBRARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955177

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHERRY A. SMITH

Mailing Address 3500 SAUSALITO DR

City

CORONA DL MAR

State

CA

Zip Code

92625-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944789

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TED H. SMITH

Mailing Address 613 RIVERWALK COURT

City

NORMAN

State

OK

Zip Code

73072-4844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951121

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2099 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**DR. THALES SMITH**

Mailing Address **3186 SHADOWBROOK CIR**

City State Zip Code  
**PROVO UT 84604-4420**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952147

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**WALTER SMITH**

Mailing Address **P.O. BOX 235**

City State Zip Code  
**MARBURY MD 20658-0235**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**PATRIOT APPLIED SCIENCE  
 AND TECHNOLOGY**

Occupation  
**ENGINEERING CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13947082

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM B. SMITH**

Mailing Address **433 W APPLETREE CT**

City State Zip Code  
**THIENSVILLE WI 53092-6201**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**BLOUNT ORTHOPAEDIC CLINIC,  
 LTD.**

Occupation  
**PHYSICIAN/ SURGEON**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13943348

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2100 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
JOHN SMOLNICKY

Mailing Address 1230 TULIP LANE

City State Zip Code  
MUNSTER IN 46321-3025FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WONG & SMOLNICKY, P. C.Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918916

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MRS. KATHLEEN REID SMOOT

Mailing Address 186 BAER CREEK DRIVE

City State Zip Code  
KAYSVILLE UT 84037-9656FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EDEAVOUR ELEMENTARYOccupation  
MUSIC TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941063

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. MICHAEL T. SMOOT

Mailing Address 12000 LOTIS LN

City State Zip Code  
WILSONS VA 23894-2532FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937068

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2101 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERARD A. SMOROWSKI

Mailing Address 2474 E CALLE DEL NORTE DR.

City

GILBERT

State

AZ

Zip Code

85296-8804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL DYNAMICS

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930457

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. W W. SMYTH

Mailing Address 142 HERON PT

City

CHESTERTOWN

State

MD

Zip Code

21620-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948813

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. SMYTH

Mailing Address 142 HERON PT.

City

CHESTERTOWN

State

MD

Zip Code

21620-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937255

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2102 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
LISA SNELL

Mailing Address 433 COOK RD

City	State	Zip Code
WEATHERFORD	TX	76087-9199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COOK CHILDREN'S MEDICAL  
CENTEROccupation  
PT ACCOUNT REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943659

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MS. JANET M. SNIDER

Mailing Address 2783 WYNDGATE CT

City	State	Zip Code
WESTLAKE	OH	44145-2981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934283

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. RICHARD WOOD SNOWDEN

Mailing Address 8238 GERMANTOWN AVENUE

City	State	Zip Code
PHILADELPHIA	PA	19118-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957937

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10101.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2103 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH W. SNYDER

Mailing Address 108 MONTCHANIN RD.

City

WILMINGTON

State

DE

Zip Code

19807-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RESTAURANTEUR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953660

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. NED SNYDER

Mailing Address 901 W 38TH ST  
SUITE 10

City

AUSTIN

State

TX

Zip Code

78705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962554

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD SNYDER

Mailing Address 5110 PARK LANE

City

DALLAS

State

TX

Zip Code

75220-2144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932338

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2104 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL DEAN SNYDER

Mailing Address 18235 N STERLING DR.

City

SURPRISE

State

AZ

Zip Code

85374-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933558

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL DEAN SNYDER

Mailing Address 18235 N STERLING DR.

City

SURPRISE

State

AZ

Zip Code

85374-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950084

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VENETTA L. SNYDER

Mailing Address 10 STRAWBERRY HILL ROAD

City

FEEDING HILLS

State

MA

Zip Code

01030-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932685

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

116.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2105 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES SOBIESKI

Mailing Address P.O. BOX 4057

City

JACKSON

State

WY

Zip Code

83001-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938455

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DOROTHY LOUISE SOCIN

Mailing Address 29267 LAUREL DRIVE

City

FARMINGTON HILLS

State

MI

Zip Code

48331-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933126

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JEFFERY SOLDATIS

Mailing Address 700 SUGARBUSH DR

City

ZIONSVILLE

State

IN

Zip Code

46077-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORTHOINDY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932273

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

551.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2106 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLIVE H. SOLLITT

Mailing Address P.O. BOX 887

City

WOODINVILLE

State

WA

Zip Code

98072-0887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958468

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GORDON LINN SOLT

Mailing Address 244 VILLA RD

City

TWIN FALLS

State

ID

Zip Code

83301-8030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENTERPRISE RENT-A-CAR

Occupation  
CAR PREP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946869

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY S. SOLT

Mailing Address 4154 SW 6TH AVE APT 313

City

TOPEKA

State

KS

Zip Code

66606-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATRIA SENIOR LIVING GROUP

Occupation  
SERVER AND DISHWASHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947634

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2107 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY S. SOLT

Mailing Address 4154 SW 6TH AVE APT 313

City

TOPEKA

State

KS

Zip Code

66606-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATRIA SENIOR LIVING GROUP

Occupation

SERVER AND DISHWASHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966018

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHERRILL J. SONNTAG

Mailing Address 5102 GREEN LAKE WAY N

City

SEATTLE

State

WA

Zip Code

98103-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935419

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHERRILL J. SONNTAG

Mailing Address 5102 GREEN LAKE WAY N

City

SEATTLE

State

WA

Zip Code

98103-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950141

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2108 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LIANG Y. SOO

Mailing Address 1 FRIDAY LN

City

CHAPEL HILL

State

NC

Zip Code

27514-3231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945698

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELSIE SOPP

Mailing Address 462 S. 3040 W.

City

LEHI

State

UT

Zip Code

84043-5637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953254

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EJILEF SORENSEN

Mailing Address 10527 YOLANDA AVE

City

PORTER RANCH

State

CA

Zip Code

91326-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937927

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

235.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2109 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EJILEF SORENSEN

Mailing Address 10527 YOLANDA AVE

City

PORTER RANCH

State

CA

Zip Code

91326-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948649

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. SORN

Mailing Address 100 HADDONFIELD PL.

City

SYRACUSE

State

NY

Zip Code

13214-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956965

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BASSIRIMA SORO

Mailing Address 3633 S DAWSON PL

City

TUCSON

State

AZ

Zip Code

85730-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CPES

Occupation  
DIRECT SUPPORT PROVIDER/SINGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938105

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2110 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BASSIRIMA SORO

Mailing Address 3633 S DAWSON PL

City

TUCSON

State

AZ

Zip Code

85730-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CPES

Occupation

DIRECT SUPPORT PROVIDER/SINGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961756

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MAURINE SORRELL

Mailing Address 4773 SILVER LAKE DR

City

EVANS

State

GA

Zip Code

30809-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13963667

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTONIO SOSA

Mailing Address 320 N CALHOUN ST

City

WEST LIBERTY

State

IA

Zip Code

52776-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK DOLLAR STORE

Occupation

INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13962492

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

185.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2111 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. HARRIETT R. SOSELY**

Mailing Address **604 FAIRVIEW AVE**

City State Zip Code  
**MIDDLESEX NJ 08846-2327**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931620

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. IVOR SOUDER**

Mailing Address **10693 AVIONICS PL. SE**

City State Zip Code  
**ELIZABETH IN 47117-8083**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941081

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**DAVID SOULE**

Mailing Address **2358 BRABANT DR**

City State Zip Code  
**LAKE ORION MI 48360-1802**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 QUALIS AUTOMOTIVE

Occupation  
 SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13932325

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2112 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HELEN SPACEK

Mailing Address 4800 N 68TH. ST. UNIT 241  
UNIT 241

City State Zip Code  
SCOTTSDALE AZ 85251-1115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960176

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GINO SPADAFORA

Mailing Address 24731 JESSICA PL

City State Zip Code  
LAGUNA NIGUEL CA 92677-6037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BEA SYSTEMS

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933061

Amount of Each Receipt this Period

251.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERICH L. SPANGENBERG

Mailing Address 11700 PRESTON ROAD  
SUITE 660-207

City State Zip Code  
DALLAS TX 75230-6112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IP NAVIGATION GROUP, LLC

Occupation  
ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942984

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5751.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2113 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. CARL L. SPARKS

Mailing Address 13540 TABLE ROCK AVENUE

City	State	Zip Code
BAKERSFIELD	CA	93314-8670

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955055

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MS. IDA FRANCES SPARKS

Mailing Address 1673 SCENIC DR.

City	State	Zip Code
DAYTON	OH	45414-3046

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950284

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. WILLIAM A. SPARKS

Mailing Address 4146 S. TROOST PLACE

City	State	Zip Code
TULSA	OK	74105-4030

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13938188

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

215.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2114 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JEAN N. SPAULDING**

Mailing Address **2700 SYCAMORE CANYON RD**

City State Zip Code  
**SANTA BARBARA CA 93108-1916**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953157

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GUY M. SPEARMAN, III**

Mailing Address **516 DELANNOY AVE.**

City State Zip Code  
**COCOA FL 32922-7814**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13957953

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. CATHY SPECTOR**

Mailing Address **PO BOX 6732**

City State Zip Code  
**INCLINE VILLAGE NV 89450-6732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951404

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**950.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2115 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CORINNE S. SPENCE

Mailing Address 22834 E CLIFF DR.

City

SANTA CRUZ

State

CA

Zip Code

95062-5449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918492

Amount of Each Receipt this Period

1005.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DENISE A. SPENCE

Mailing Address 114 WOODRIDGE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348-2676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961182

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD SPENCE

Mailing Address 1728 MANOR LANE

City

PLANO

State

TX

Zip Code

75093-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948200

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3305.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2116 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
M SPENCER

Mailing Address 507 E HARDING AVE

City State Zip Code  
GREENWOOD MS 38930-3119FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951296

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. RICHARD L. SPICER

Mailing Address 75855 ALTAMIRA DR

City State Zip Code  
INDIAN WELLS CA 92210-8768FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959085

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MS. SONYA T. SPIEWAK

Mailing Address 37174 DEVON WICK LANE

City State Zip Code  
PURCELLVILLE VA 20132-5056FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967220

Amount of Each Receipt this Period

3400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3550.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2117 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARBARA W. SPILLMAN

Mailing Address P.O. BOX 1187

City

ST FRANCISVLE

State

LA

Zip Code

70775-1187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938265

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. SPINHIRNE

Mailing Address 1982 IL ROUTE 73 N

City

LENA

State

IL

Zip Code

61048-9694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947066

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL B. SPINNER

Mailing Address 26908 CROWNS COVE LN

City

KINGWOOD

State

TX

Zip Code

77339-6204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUPERIOR SHOT PEENING

Occupation  
TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941361

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

81.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2118 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL B. SPINNER

Mailing Address 26908 CROWNS COVE LN

City

KINGWOOD

State

TX

Zip Code

77339-6204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUPERIOR SHOT PEENING

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941505

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD J. SPITZNAS

Mailing Address 531 DENNIS COURT SE

City

OLYMPIA

State

WA

Zip Code

98501-5530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960108

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE SPIX

Mailing Address 1 MICROSOFT WAY

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICROSOFT

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964498

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

312.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2119 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. DAVID M. SPOONER**

Mailing Address **1908 N. KENMORE STREET**

City State Zip Code  
**ARLINGTON VA 22207-3709**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SQUIRE SANDERS**

Occupation  
**GOVERNMENT AFFAIRS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13942501

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. JAMES SPOTTS**

Mailing Address **209 AVENUE A**

City State Zip Code  
**REDONDO BEACH CA 90277-4704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13964976

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. SPRENGER**

Mailing Address **12500 WILDCAT COVE CIR**

City State Zip Code  
**ESTERO FL 33928-2088**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13955904

Amount of Each Receipt this Period

**160.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**720.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2120 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**WILLIAM SPRIGGS**

Mailing Address **45 BALBOA AVE**

City State Zip Code  
**SAN RAFAEL CA 94901-2355**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**FIN. PLANNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

**Transaction ID: SA11.13930050**

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DARRYL M. SPRINGS**

Mailing Address **408 E FAIR HARBOR LANE**

City State Zip Code  
**HOUSTON TX 77079-2562**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

**Transaction ID: SA11.13966663**

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT L. SPRINGFIELD**

Mailing Address **812 DEER PARK RD.**

City State Zip Code  
**PORT ANGELES WA 98362-8262**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**258.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

**Transaction ID: SA11.13965270**

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**365.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2121 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER D. SPRING

Mailing Address 1702 EMERALD PKWY

City

COLLEGE STATION

State

TX

Zip Code

77845-5543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957353

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS SPRINGMAN

Mailing Address 33980 OAK REST LN.

City

BRIGHTON

State

IL

Zip Code

62012-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964391

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHNNIE MAE SPURLOCK

Mailing Address 5273 LORRAINE ST

City

ADDIS

State

LA

Zip Code

70710-2466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942781

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2122 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. IRENE ST LOUIS**

Mailing Address **2432 E COLLIER AVE SE**

City State Zip Code  
**GRAND RAPIDS MI 49546-6103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BARBER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13937216**

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RALPH ST. JOHN**

Mailing Address **12736 NORTHERN BLVD**

City State Zip Code  
**CORONA NY 11368-1520**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ST. JOHN ENTERPRISES INC**

Occupation  
**CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**870.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13959785**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM STACK**

Mailing Address **74 E 27TH ST**

City State Zip Code  
**BAYONNE NJ 07002-4909**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**681.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13936919**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**185.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2123 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID STAFFORD

Mailing Address 3 MOONE CREEK CIR.

City

SMITHFIELD

State

VA

Zip Code

23430-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940794

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GLYNNE STAFSLIEN

Mailing Address 1016 RUTLEDGE CT.

City

JANESVILLE

State

WI

Zip Code

53545-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932759

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

H M. STAGGS

Mailing Address 4422 SOUTHCREST RD

City

DALLAS

State

TX

Zip Code

75229-6360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939611

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

301.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2124 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA K. STAHLSCHMIDT

Mailing Address 2709 ESPANOLA AVE

City

SARASOTA

State

FL

Zip Code

34239-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931201

Amount of Each Receipt this Period

46.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA K. STAHLSCHMIDT

Mailing Address 2709 ESPANOLA AVE

City

SARASOTA

State

FL

Zip Code

34239-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967269

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA K. STAHLSCHMIDT

Mailing Address 2709 ESPANOLA AVE

City

SARASOTA

State

FL

Zip Code

34239-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13970935

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

126.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2125 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WAYNE C. STAHLY

Mailing Address 1100 SCENIC LANE

City

LINCOLN

State

NE

Zip Code

68505-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932930

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WAYNE C. STAHLY

Mailing Address 1100 SCENIC LANE

City

LINCOLN

State

NE

Zip Code

68505-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954708

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WAYNE C. STAHLY

Mailing Address 1100 SCENIC LANE

City

LINCOLN

State

NE

Zip Code

68505-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954709

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

71.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2126 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD C. STAHN**

Mailing Address **4037 TALL TIMBER RD NE**

City State Zip Code  
**MINERAL CITY OH 44656-8898**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13947347**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RICHARD C. STAHN**

Mailing Address **4037 TALL TIMBER RD NE**

City State Zip Code  
**MINERAL CITY OH 44656-8898**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**11 / 05 / 2010**

**Transaction ID: SA11.13966353**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT N. STALEY**

Mailing Address **405 HUTCHINSON AVE**

City State Zip Code  
**IOWA CITY IA 52246-2409**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNIVERSITY OF IOWA**

Occupation  
**PROFESSOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 15 / 2010**

**Transaction ID: SA11.13968036**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**295.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2127 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DEBORAH T. STALLINGS

Mailing Address 6347 WATERFORD ROAD

City

COLUMBUS

State

GA

Zip Code

31904-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951352

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH H. STAMFEL

Mailing Address 14240 BEECHWOOD AVE

City

BROOKFIELD

State

WI

Zip Code

53005-6456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939598

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD STANGLER

Mailing Address 6968 BULLOCK DR

City

SAN DIEGO

State

CA

Zip Code

92114-7885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOWLERS DEPOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGER

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934105

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

201.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2128 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY STANISLAWSKI

Mailing Address 2992 EAST 78TH STREET

City

TULSA

State

OK

Zip Code

74136-8732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGENT FINANCIAL SERVICES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948194

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES L. STANLEY

Mailing Address PO BOX 1250

City

SPRINGDALE

State

AR

Zip Code

72765-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DESIGN-IT

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945353

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELLSWORTH STANTON

Mailing Address 1225 PARK AVE APT 7C

City

NEW YORK

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957415

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

885.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2129 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DR. MICHAEL D. STANTON HICKS

Mailing Address 11405 CLEARFIELD LN.

City State Zip Code  
CHARDON OH 44024-9051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GCF

Occupation  
VICE CHAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960163

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
DR. MICHAEL D. STANTON HICKS

Mailing Address 11405 CLEARFIELD LN.

City State Zip Code  
CHARDON OH 44024-9051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GCF

Occupation  
VICE CHAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971265

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. RICHARD P. STANTON

Mailing Address 12603 GLEN RD

City State Zip Code  
POTOMAC MD 20854-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUBCOMMITTEE ON INSULAR  
AFFAIRS

Occupation  
REPUBLICAN STAFF DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951111

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2130 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM J. STAPLETON

Mailing Address P.O. BOX 1303

City

CENTER HARBOR

State

NH

Zip Code

03226-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918842

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN F. STARKS, JR.

Mailing Address 512 CLUB LANE

City

LOUISVILLE

State

KY

Zip Code

40207-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943439

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HERBERT A. STARK

Mailing Address 8301 GREER RD.

City

SHERWOOD

State

AR

Zip Code

72120-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944114

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

475.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2131 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERBERT A. STARK

Mailing Address 8301 GREER RD.

City

SHERWOOD

State

AR

Zip Code

72120-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957109

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERBERT A. STARK

Mailing Address 8301 GREER RD.

City

SHERWOOD

State

AR

Zip Code

72120-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13958329

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HERBERT A. STARK

Mailing Address 8301 GREER RD.

City

SHERWOOD

State

AR

Zip Code

72120-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969210

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

141.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2132 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JULIA STARKWEATHER

Mailing Address 8 HORSESHOE RIDGE RD.

City

SANDY HOOK

State

CT

Zip Code

06482-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931513

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID HENRY STASHIK

Mailing Address 1507 EDITH STREET

City

BERKELEY

State

CA

Zip Code

94703-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PERSONAL TRAINER

Aggregate Year-to-Date ▼

2225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13942368

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID HENRY STASHIK

Mailing Address 1507 EDITH STREET

City

BERKELEY

State

CA

Zip Code

94703-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PERSONAL TRAINER

Aggregate Year-to-Date ▼

2225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13961251

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2133 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID HENRY STASHIK

Mailing Address 1507 EDITH STREET

City

BERKELEY

State

CA

Zip Code

94703-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965124

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. PETER STATTI

Mailing Address 1414 S MILLER ST  
# 12

City

SANTA MARIA

State

CA

Zip Code

93454-6916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938496

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CAROLYN STEADMAN

Mailing Address 23375 BURTON ST

City

CANOGA PARK

State

CA

Zip Code

91304-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINGS COLLEGE& SEMINARY

Occupation

PT.TIME CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13957610

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2134 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. CONSTANCE J. STEDMAN

Mailing Address 510 LAGUNA RD

City State Zip Code  
FULLERTON CA 92835-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942585

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ELIZA E. STEDMAN

Mailing Address P.O.BOX 7

City State Zip Code  
HOUSTON TX 77001-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEDMAN WEST INTERESTS IN-  
C.

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945580

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. ELIZA E. STEDMAN

Mailing Address P.O.BOX 7

City State Zip Code  
HOUSTON TX 77001-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEDMAN WEST INTERESTS IN-  
C.

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967188

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2135 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MYRNA STEELE

Mailing Address 8420 LYRIC COURT

City

ORLANDO

State

FL

Zip Code

32819-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US GOVT LRET

Occupation

NUCLEAR ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928082

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. STEELE

Mailing Address 336 HOLLYBROOK DR

City

ADVANCE

State

NC

Zip Code

27006-8405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943533

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHNNIE STEGEMOLLER

Mailing Address 2419 PLEASANT CIR

City

ARLINGTON

State

TX

Zip Code

76015-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13929981

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

501.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2136 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHNNIE STEGEMOLLER

Mailing Address 2419 PLEASANT CIR

City

ARLINGTON

State

TX

Zip Code

76015-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952957

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHNNIE STEGEMOLLER

Mailing Address 2419 PLEASANT CIR

City

ARLINGTON

State

TX

Zip Code

76015-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972730

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. E STEIGER

Mailing Address 6450 DOUBLE EAGLE DR. APT. 713

City

WOODRIDGE

State

IL

Zip Code

60517-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US DEPT OF EDUCATION

Occupation  
AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935468

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2137 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RENE A. STEIGERWALT

Mailing Address 1 DICKERSON CT

City

CHESTER

State

NJ

Zip Code

07930-2480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962991

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARJORIE M. STEINMETZ

Mailing Address 2462 N PROSPECT AVE APT. 302  
APARTMENT 302

City

MILWAUKEE

State

WI

Zip Code

53211-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950242

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL STEINBERG

Mailing Address 7200 NEVIS ROAD

City

BETHESDA

State

MD

Zip Code

20817-4768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN LEWIS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962742

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2138 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. RICHARD H. STEINER**

Mailing Address **506 HUNT FIELD RD**

City State Zip Code  
**MANAKIN SABOT VA 23103-2912**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936906

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MISS BEATRICE M. STELLE**

Mailing Address **2317 KENWOOD AVE**

City State Zip Code  
**WILLIAMSPORT PA 17701-1318**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13947244

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. CHARLES L. STELLING**

Mailing Address **46 E CENTURY RD**

City State Zip Code  
**PARAMUS NJ 07652-2805**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13937658

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2139 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES L. STELLING

Mailing Address 46 E CENTURY RD

City

PARAMUS

State

NJ

Zip Code

07652-2805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960437

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CATHERINE A. STEMPER

Mailing Address 6951 E NICHOLS PL

City

CENTENNIAL

State

CO

Zip Code

80112-3131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942582

Amount of Each Receipt this Period

185.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW STEPHENSON

Mailing Address 1315 SEAFARER ST

City

VENTURA

State

CA

Zip Code

93001-4251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945323

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2140 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BURL C. STEPHENS

Mailing Address 16400 SOUTH CLIFF RIDGE CIRCLE

City

ANCHORAGE

State

AK

Zip Code

99516-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946588

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. STEPHENS

Mailing Address P.O. BOX 750007

City

PETALUMA

State

CA

Zip Code

94975-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956744

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. G. PHILIP STEPHENSON

Mailing Address 99 CANAL PLAZA  
SUITE 420

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13932260

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

7300.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2141 / 3187  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**JAMES C. STEPHEN**

Mailing Address **50 S DERBYSHIRE LN.**

City State Zip Code  
**ARLINGTON HEIGHTS IL 60004-6302**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952821

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. JAMES F. STEPHENSON**

Mailing Address **407 1ST AVE S**

City State Zip Code  
**SAINT PETERSBURG FL 33715-2234**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13947439

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**JAY B. STEPHENS**

Mailing Address **48 AYRSHIRE LN.**

City State Zip Code  
**CONCORD MA 01742-4151**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAYTHEON COMPANY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13946214

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2142 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN STEPHENSON**

Mailing Address **1064 W MILLS ST APT 212**

City State Zip Code  
**COLUMBUS NC 28722-8459**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961875

Amount of Each Receipt this Period

**45.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN STEPHENSON**

Mailing Address **1064 W MILLS ST APT 212**

City State Zip Code  
**COLUMBUS NC 28722-8459**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 6 / 2 0 1 0**

Transaction ID: SA11.13969321

Amount of Each Receipt this Period

**45.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MARIE R. STEPHENSON**

Mailing Address **115 FOSTERTOWN RD.**

City State Zip Code  
**LUMBERTON NJ 08048-9626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**202.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13932686

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**141.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2143 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MARIE R. STEPHENSON**

Mailing Address **115 FOSTERTOWN RD.**

City State Zip Code  
**LUMBERTON NJ 08048-9626**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**202.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972899

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. GORDON H. STERLING**

Mailing Address **68 S FLAGSTONE PATH CIR.**

City State Zip Code  
**SPRING TX 77381-6623**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**219.25**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954136

Amount of Each Receipt this Period

**80.25**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JEFFREY W. STERLING**

Mailing Address **1128 ROLENA CIR. NW**

City State Zip Code  
**CANTON OH 44708-3279**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BEAVER EXCAVATING CO**

Occupation

**CONSTRUCTION**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA11.13931353

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**241.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2144 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HERBERT I. STERN

Mailing Address 20530 FALCONS LANDING CIR APT

City

STERLING

State

VA

Zip Code

20165-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950138

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. STERN

Mailing Address 2303 COWPER ST STREET

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
AERONAUTICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955812

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANDREE H. STEVENS

Mailing Address 1100 S.W. SKYLINE BLVD.

City

PORTLAND

State

OR

Zip Code

97221-2657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947774

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2145 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANGIE STEVENS

Mailing Address 4793 E STATE RD 244

City

RUSHVILLE

State

IN

Zip Code

46173-7712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959129

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. BRENT STEVENSON, M.D.

Mailing Address 4676 WALES DRIVE

City

PLANO

State

TX

Zip Code

75024-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SLEEP MEDICINE ASSOCIATION  
OF TEXAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951134

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID STEVENSON

Mailing Address 5611 TIMBER RIDGE DRIVE

City

PROSPECT

State

KY

Zip Code

40059-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE STEVENSON COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942946

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2146 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. GLORIA M. STEVENS

Mailing Address P.O. BOX 423

City

CASHIERS

State

NC

Zip Code

28717-0423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966950

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE L. STEVENSON

Mailing Address 73-180 IRONTREE DR

City

PALM DESERT

State

CA

Zip Code

92260-6901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956194

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN N. STEVENS

Mailing Address 7 NORWICK CT

City

FORKED RIVER

State

NJ

Zip Code

08731-5607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941663

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

292.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2147 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK R. STEVENSON

Mailing Address 372 BUCK AVENUE

City

VACAVILLE

State

CA

Zip Code

95688-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVIS JOINT UNIFIED SCHOOL  
DIST.

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959060

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL S. STEVENS

Mailing Address 630 S FAIRFAX ST.

City

ALEXANDRIA

State

VA

Zip Code

22314-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INVESTMENT COMPANY ISTITU-  
TE

Occupation  
PRESIDENT/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940601

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THEODORE STEVENS

Mailing Address 11320 MUSETTE CIRCLE

City

ALPHARETTA

State

GA

Zip Code

30009-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMYA INC.

Occupation  
SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959165

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

785.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2148 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. STEWART

Mailing Address 16565 VILLAGE DRIVE

City

HOUSTON

State

TX

Zip Code

77040-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEWART BLOCKS

Occupation

CONSTRUCTION OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935251

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD P. STEWART

Mailing Address 107 S LAUREL AVE APT. 101-A

City

CHARLOTTE

State

NC

Zip Code

28207-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARMY

Occupation

MILITARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971354

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELLEN K. STEWART

Mailing Address 3077 EVANS MILL RD

City

LITHONIA

State

GA

Zip Code

30038-2419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928884

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2149 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GORDON W. STEWART

Mailing Address P.O. BOX 474

City

SONORA

State

TX

Zip Code

76950-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935140

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GORDON W. STEWART

Mailing Address P.O. BOX 474

City

SONORA

State

TX

Zip Code

76950-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935326

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. STEWART

Mailing Address 4615 LENAPE LN

City

LAFAYETTE HL

State

PA

Zip Code

19444-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933473

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

502.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2150 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. JEFF T. STEWART

Mailing Address P.O. BOX 306

City

WESTMORELAND

State

KS

Zip Code

66549-0306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEWART TRUCKING INC

Occupation

TRUCK DRIVER/OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939035

Amount of Each Receipt this Period

251.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

VERA M. STEWART

Mailing Address 712 4TH. AVE

City

FAYETTEVILLE

State

TN

Zip Code

37334-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13929938

Amount of Each Receipt this Period

1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

VERA M. STEWART

Mailing Address 712 4TH. AVE

City

FAYETTEVILLE

State

TN

Zip Code

37334-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945898

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

287.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2151 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

VERA M. STEWART

Mailing Address 712 4TH. AVE

City

FAYETTEVILLE

State

TN

Zip Code

37334-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13948761

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. RUTH STEYN

Mailing Address 3356 WHIPPOORWILL LN

City

OXFORD

State

MS

Zip Code

38655-5311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13961207

Amount of Each Receipt this Period

39.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ELEANOR K. STICHMAN

Mailing Address 1101 BABCOCK BLVD.

City

BILLINGS

State

MT

Zip Code

59105-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963926

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

134.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2152 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD H. STICKLER

Mailing Address 255 HEDGEWICK LN.

City

WRIGHTSVILLE

State

PA

Zip Code

17368-9159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OCENCO INC

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971469

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEROY STICKEL, JR.

Mailing Address P.O. BOX 1090

City

KILLEN

State

AL

Zip Code

35645-1090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936975

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALAN STIEHLER

Mailing Address 46 HEBERLE RD

City

ROCHESTER

State

NY

Zip Code

14609-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SRF AND ASSOCIATES

Occupation  
TRAFFIC ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950171

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2153 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BONNIE J. STILLMAN

Mailing Address 525 S MAIN ST

City

PLAINFIELD

State

WI

Zip Code

54966-9654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944804

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CHERYL STINE

Mailing Address 7548 HIGHTOWER DRIVE

City

NORTH RICHLAND HIL

State

TX

Zip Code

76182-3824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964102

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN STINES

Mailing Address 432 WESTWOOD LN.

City

PUEBLO

State

CO

Zip Code

81005-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948699

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2154 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM P. STINE

Mailing Address P.O. BOX 378

City

LIBBY

State

MT

Zip Code

59923-0378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945911

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. STIS

Mailing Address 11612 HOLLY WALK DR.

City

SAINT LOUIS

State

MO

Zip Code

63146-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945054

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ADRIENNE STOCK

Mailing Address 19108 PACIFIC COAST HWY.

City

MALIBU

State

CA

Zip Code

90265-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13948340

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2155 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. GENE STOCKER, JR.

Mailing Address 1864 WALNUT GROVE DRIVE

City State Zip Code  
STATE COLLEGE PA 16801-8440FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942505

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. JOSEPH L. STOCKING

Mailing Address 550 N KINGSBURY ST APT 517

City State Zip Code  
CHICAGO IL 60654-5763FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962689

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MARY A. STOCKMAN

Mailing Address P.O. BOX 341

City State Zip Code  
BOZMAN MD 21612-0341FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971227

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1101.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2156 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY A. STOCKMAN

Mailing Address P.O. BOX 341

City

BOZMAN

State

MD

Zip Code

21612-0341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971234

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. REX E. STOCKARD

Mailing Address 2428 N JEFFERSON ST

City

STILLWATER

State

OK

Zip Code

74075-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957661

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. STODDARD

Mailing Address 8701 ANCHORAGE DRIVE

City

MIRAMAR BEACH

State

FL

Zip Code

32550-7840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HICKORY CREEK

Occupation

HEALTH CARE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955091

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2157 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. STODDARD

Mailing Address 8701 ANCHORAGE DRIVE

City

MIRAMAR BEACH

State

FL

Zip Code

32550-7840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HICKORY CREEK

Occupation

HEALTH CARE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13966523

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. UDELL A. STODDARD

Mailing Address 227 RIVER ST

City

BETHEL

State

VT

Zip Code

05032-9487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11.13968245

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERNEST L. STOFFEL, JR.

Mailing Address 2048 WILLIE PACE RD

City

BURLINGTON

State

NC

Zip Code

27217-7802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943225

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2158 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERNEST L. STOFFEL, JR.

Mailing Address 2048 WILLIE PACE RD

City

BURLINGTON

State

NC

Zip Code

27217-7802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13945373

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN F. STOKES, M.D.

Mailing Address 226 LONE TREE

City

BOERNE

State

TX

Zip Code

78006-8874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940719

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SALLY J. STOKES

Mailing Address 39350 TOKAY STREET

City

CHERRY VALLEY

State

CA

Zip Code

92223-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941311

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2159 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LYNN E. STOLLER

Mailing Address 15521 E. 1830 NORTH ROAD

City

PONTIAC

State

IL

Zip Code

61764-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STOLLER INTERNATIONAL

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931535

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOREN STOLTZ

Mailing Address 211 YORKSHIRE CRESCENT

City

THOMASVILLE

State

GA

Zip Code

31792-8722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945117

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LLOYD STONE

Mailing Address 1452 N CR 1030E

City

CHANDLERVILLE

State

IL

Zip Code

62627-8507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LLOYD STONE FARMS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968841

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2160 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. MARVIN STONER

Mailing Address 115 BLACK BEAR RD

City

QUARRYVILLE

State

PA

Zip Code

17566-8900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

SOIL TESTING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951425

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUSAN K. STONE

Mailing Address 1336 W SHADOWLAWN ST

City

SPRINGFIELD

State

MO

Zip Code

65810-2795

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HAMMERS AUTO WORKS

Occupation

REPAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951410

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALDEMAR D. STOPKEY

Mailing Address 7409 STONECLIFF DRIVE APT 103

City

RALEIGH

State

NC

Zip Code

27615-7749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950876

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2161 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. AUDIE STOREY

Mailing Address 291 HEATHER LN

City

HOWARD

State

CO

Zip Code

81233-9615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928018

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT STOTT

Mailing Address 936 CHURCH ST

City

LAYTON

State

UT

Zip Code

84041-2540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947796

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JERROLD G. STOUT

Mailing Address 54 PARK ST

City

BORDENTOWN

State

NJ

Zip Code

08505-1354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13969574

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2162 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**DR. J. STOVALL**

Mailing Address **520 DOUGLAS BLVD**

City State Zip Code  
**TYLER TX 75702-8307**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**TRINITY MOTHER FRANCES HE-  
 ALTH SYSTEM**

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931508

Amount of Each Receipt this Period

500.00

CONTRIBUTION

INFORMATION REQUESTED PER BEST EFFORTS

B.

Full Name (Last, First, Middle Initial)  
**MR. JAMES A. STOWE**

Mailing Address **10315 E ROSE GLEN DR.**

City State Zip Code  
**CLAREMORE OK 74019-3822**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SELF-EMPLOYED**

Occupation

**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 2 / 2 0 1 0**

Transaction ID: SA11.13962642

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**GARY STRADER**

Mailing Address **545 RAVEN CIRCLE**

City State Zip Code  
**BROWNSBURG IN 46112-7694**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**PENTERA GROUP, INC.**

Occupation

**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13928463

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2163 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY STRADER

Mailing Address 545 RAVEN CIRCLE

City

BROWNSBURG

State

IN

Zip Code

46112-7694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENTERA GROUP, INC.

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947646

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ADA A. STRASENBURGH

Mailing Address P.O. BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

08230-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934995

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEAN STRATEMANN

Mailing Address 8035 GARDEN OAKS DR.

City

SAN ANTONIO

State

TX

Zip Code

78266-2692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931658

Amount of Each Receipt this Period

185.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2164 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK STRATON

Mailing Address 3234 FOXVALE DRIVE

City

OAKTON

State

VA

Zip Code

22124-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIEMENS ENTERPRISE COMMUN-  
ICATIONS, INC

Occupation

SVP, GLOBAL SOLUTIONS MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13955963

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES T. STRAUSS

Mailing Address 3108 CASTLETON CT

City

OAKTON

State

VA

Zip Code

22124-1763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946880

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR STRAUSS

Mailing Address 1007 9TH ST

City

CLAY CENTER

State

KS

Zip Code

67432-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YO

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13960312

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1085.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2165 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MS. ELEANOR STRAUSS

Mailing Address 1007 9TH ST

City	State	Zip Code
CLAY CENTER	KS	67432-2600

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
YO

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966341

Amount of Each Receipt this Period

35.00

CONTRIBUTION

INFORMATION REQUESTED PER BEST EFFORTS

**B.**Full Name (Last, First, Middle Initial)  
MR. GUNDARS STRAUTNIEKS

Mailing Address 10959 KURZEME RD.

City	State	Zip Code
THREE RIVERS	MI	49093-8540

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963980

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. HAMILTON W. STRAYER

Mailing Address P.O. BOX 1031

City	State	Zip Code
ERIE	PA	16512-1031

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ERIE STRAYER CO.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963700

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2166 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
RAYMOND L. STREIGHT

Mailing Address 205 ADONIS CIR

City State Zip Code  
MCKINNEY TX 75070-5882FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955872

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. DON STRETESKY

Mailing Address 14750 COUNTY ROAD 61

City State Zip Code  
JULESBURG CO 80737-9623FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959166

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. DALE K. STRIMPLE

Mailing Address 4400 LONGFELLOW DR.

City State Zip Code  
PLANO TX 75093-3217FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MCKESSON CORP

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942950

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

355.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2167 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM STRITTMATTER

Mailing Address 334 BRAMBLY HEDGE CIRCLE

City

FAIRFIELD

State

CT

Zip Code

06824-7020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GE

Occupation

CHIEF RISK OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13932341

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA K. STROBEL

Mailing Address 1131 NE 1075TH ROAD

City

CONCORDIA

State

MO

Zip Code

64020-7317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STROBEL FARMS

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941327

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN C. STROBEL

Mailing Address 1603 E 25 RD

City

MARQUETTE

State

NE

Zip Code

68854-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959106

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2310.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2168 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
PEGGY KELLEY STROCKIS

Mailing Address 79 CEDAR LN.

City	State	Zip Code
SAN JOSE	CA	95127-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935405

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
PEGGY KELLEY STROCKIS

Mailing Address 79 CEDAR LN.

City	State	Zip Code
SAN JOSE	CA	95127-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935629

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
PEGGY KELLEY STROCKIS

Mailing Address 79 CEDAR LN.

City	State	Zip Code
SAN JOSE	CA	95127-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953981

Amount of Each Receipt this Period

60.50

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

145.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2169 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PEGGY KELLEY STROCKIS

Mailing Address 79 CEDAR LN.

City

SAN JOSE

State

CA

Zip Code

95127-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954523

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GARY STROMBERG

Mailing Address 19 CHADS PLACE

City

CHICO

State

CA

Zip Code

95928-9138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH STATE RADIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950509

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MICHELE STROM

Mailing Address 1215 LINCOLN ST NE

City

MINNEAPOLIS

State

MN

Zip Code

55413-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAIRVIEW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

LABORATORY TECH

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969207

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2170 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. ROBERT B. STROM

Mailing Address 921 PRIVATE ROD

City State Zip Code  
**WINNETKA IL 60093**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 STROM PRODUCTS LTD.

Occupation  
 PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

**Transaction ID: SA11.13966160**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. FREDERICK W. STRONG, III

Mailing Address 402 HONEYSUCKLE LN

City State Zip Code  
**YORKTOWN VA 23693-5708**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 GENERAL DYNAMICS

Occupation  
 DEFENSE CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID: SA11.13935793**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. WILLIAM A. STRONG

Mailing Address 6811 BRINKLEY RD

City State Zip Code  
**PINE BLUFF AR 71603-8618**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 THE STRONE COMPANY INC.

Occupation  
 BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID: SA11.13939804**

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

701.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2171 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. HOMER DALTON STROOP**

Mailing Address **2892 SULPHUR SPRINGS RD**

City State Zip Code  
**MURFREESBORO TN 37129-5853**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13941804**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**SALLY STROUP**

Mailing Address **7824 DESIREE ST**

City State Zip Code  
**ALEXANDRIA VA 22315-6047**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCANTRON CORPORATION**

Occupation  
**LAWYER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13932261**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. KATHRYN STRUNK**

Mailing Address **1020 HILLSDALE ST. W**

City State Zip Code  
**TILLAMOOK OR 97141-9367**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11.13918488**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2172 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN STRUNA

Mailing Address 2280 CHERRY HILLS FARM DR

City

ENGLEWOOD

State

CO

Zip Code

80113-7138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931680

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MATTIE B. STUART

Mailing Address 870 LOUIS BENNETT RD.

City

ANGUILLA

State

MS

Zip Code

38721-9490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13962886

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MATTIE B. STUART

Mailing Address 870 LOUIS BENNETT RD.

City

ANGUILLA

State

MS

Zip Code

38721-9490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Transaction ID: SA11.13964823

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2173 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. CATHY STUBBS**

Mailing Address **2703 FAIRWAY DRIVE**

City State Zip Code  
**SUGAR LAND TX 77478-4018**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13957931

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. RONALD C. STUBBE**

Mailing Address **806 LAFAYETTE RD**

City State Zip Code  
**DEVILS LAKE ND 58301-8968**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13966818

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**ROSE MARIE STUBBS**

Mailing Address **286 CALDWELL ST.**

City State Zip Code  
**CHILLICOTHE OH 45601-3331**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13946031

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**320.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2174 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROSE MARIE STUBBS

Mailing Address 286 CALDWELL ST.

City

CHILLICOTHE

State

OH

Zip Code

45601-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13972255

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH J. STUDEMAN

Mailing Address 65523 N CENTERVILLE RD.

City

STURGIS

State

MI

Zip Code

49091-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13938579

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRIS E. STUECK

Mailing Address 138 ST. FINANS WAY

City

HOUSTON

State

TX

Zip Code

77015-1798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTERPOINT ENERGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SYSTEMS ANALYST

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928275

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

320.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2175 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. STUEDLE

Mailing Address 1404 GIRARD DR

City

LOUISVILLE

State

KY

Zip Code

40222-6645

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KROGER COMPANY

Occupation

ASSISTANT GROCERY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13948171

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. STUMPF

Mailing Address 407 ARLINGTON AVENUE

City

ELMHURST

State

IL

Zip Code

60126-3914

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939781

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM O. STUMP

Mailing Address 45 PENDLETON DR

City

PINE HAVEN

State

WY

Zip Code

82721-9710

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931249

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2176 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. LYNDA STURDEVANT

Mailing Address P.O. BOX 148

City State Zip Code  
CLEVELAND MO 64734-0148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.C. PENNY'S

Occupation  
CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951321

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JONI H. STUTZMAN

Mailing Address PO BOX 107

City State Zip Code  
HOYT LAKES MN 55750-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUTZMAN GROUP INC.

Occupation  
PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960780

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. JORGE K. SUCCAR

Mailing Address 18701 BUENA VISTA AVE

City State Zip Code  
YORBA LINDA CA 92886-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938578

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2177 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. EMILY S. SUDDERTH**

Mailing Address **1421 N. UNIVERSITY AVE.**  
**APT S136**

City State Zip Code  
**LITTLE ROCK AR 72207-5263**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13955612**

Amount of Each Receipt this Period

**45.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DR. MERCEDES SULIT**

Mailing Address **1411 MEADOW GLADE CT**

City State Zip Code  
**SUGAR LAND TX 77479-4062**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DENTIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13940439**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DAINIEL S. SULLIVAN**

Mailing Address **4943 S PEORIA AVE**

City State Zip Code  
**TULSA OK 74105-4629**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DANIEL S SULLIVAN INC PC/-  
 SELF**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13947802**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**195.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2178 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GERARD C. SULLIVAN

Mailing Address 60 HILL TOP RD.

City

SOUTHAMPTON

State

NY

Zip Code

11968-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945603

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARLEY C. SULLIVAN

Mailing Address 920 CONGRESS AVE

City

AUSTIN

State

TX

Zip Code

78701-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13966552

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. SULLIVAN

Mailing Address 174 HERRICK RD

City

BOXFORD

State

MA

Zip Code

01921-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960788

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2179 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN SULLIVAN

Mailing Address 598 E 4TH ST

City

BOSTON

State

MA

Zip Code

02127-3092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972857

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD A. SULLIVAN

Mailing Address 9921 NEW LONDON DR

City

POTOMAC

State

MD

Zip Code

20854-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLASSIC GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RESIDENTIAL BUILDER/DEVELOPER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935276

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICHARD A. SULLIVAN

Mailing Address 9921 NEW LONDON DR

City

POTOMAC

State

MD

Zip Code

20854-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLASSIC GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RESIDENTIAL BUILDER/DEVELOPER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952259

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2180 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. ROBERT D. SULLIVAN

Mailing Address 4753 LAKEMONT HIMROD ROAD

City State Zip Code  
DUNDEE NY 14837-9154FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940187

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ROBERT D. SULLIVAN

Mailing Address 4753 LAKEMONT HIMROD ROAD

City State Zip Code  
DUNDEE NY 14837-9154FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962872

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. ROBERT J. SULLIVAN, JR.

Mailing Address 2118 EAST 29TH STREET

City State Zip Code  
TULSA OK 74114-5422FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SULLCO

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945247

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1152.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2181 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SUMINCHT

Mailing Address 1310 E. 10TH STREET

City

MERRILL

State

WI

Zip Code

54452-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929192

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL SUMMERS

Mailing Address 2228 LAKE ALBEMARLE ROAD

City

CHARLOTTESVLE

State

VA

Zip Code

22901-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959714

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE CHAT SUMNER

Mailing Address P.O. BOX 1183

City

VERNON

State

TX

Zip Code

76385-1183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948193

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2182 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOE CHAT SUMNER, III

Mailing Address P.O. BOX 1183

City

VERNON

State

TX

Zip Code

76385-1183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960172

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WAYNE W. SUMNERS

Mailing Address 2278 FOREST LAKES LANE

City

STERRETT

State

AL

Zip Code

35147-8152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REAL ESTATE MATRIX

Occupation  
COMMERCIAL REAL ESTATE APPRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930387

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FATHER GARY SUMPTER

Mailing Address P.O. BOX 98

City

SCOTIA

State

CA

Zip Code

95565-0098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHURCH

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945372

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2183 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**DELMONT R. SUNDERLAND**

Mailing Address **11121 POND RD**

City State Zip Code  
**HUNTINGDON PA 16652-7643**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD MARKETING OF AMERICA  
 INC**

Occupation  
**OWNER/PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3750.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937263

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**DELMONT R. SUNDERLAND**

Mailing Address **11121 POND RD**

City State Zip Code  
**HUNTINGDON PA 16652-7643**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WORLD MARKETING OF AMERICA  
 INC**

Occupation  
**OWNER/PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3750.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13945824

Amount of Each Receipt this Period

**750.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT SUNDERLAND**

Mailing Address **953 PYRITE AVE**

City State Zip Code  
**HENDERSON NV 89011-3059**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2834.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941767

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1950.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2184 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2834.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956721

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SADTHA SURATTANONT

Mailing Address HC 64 BOX 370

City

ROMNEY

State

WV

Zip Code

26757-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940939

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DONALD KEARN SURGEON

Mailing Address 268 MILAGRA DR.

City

PACIFICA

State

CA

Zip Code

94044-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952867

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2185 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GAYLA SURGENT

Mailing Address 888 RAMAPO VALLEY RD

City

MAHWAH

State

NJ

Zip Code

07430-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964568

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOTT SUSKO

Mailing Address 401 9TH STREET, NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON & PEABODY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968705

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS LOUISE SUTHERLAND

Mailing Address P.O. BOX 559

City

CLINTWOOD

State

VA

Zip Code

24228-0559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965801

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2186 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH H. SUTRO

Mailing Address 3598 JACKSON ST

City

SAN FRANCISCO

State

CA

Zip Code

94118-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972818

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD L. SUTTNER

Mailing Address 17101 HWY 1

City

RIDGWAY

State

IL

Zip Code

62979-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929062

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD O. SUTTON

Mailing Address 2630 PORTOLA DR  
SPC 42

City

SANTA CRUZ

State

CA

Zip Code

95062-5061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930736

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2187 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. F. JOSEPH SVEC

Mailing Address 266 CHEESTANA WAY

City

LOUDON

State

TN

Zip Code

37774-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937195

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VITUS SVEN

Mailing Address 400 SAN DIMAS ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964772

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SVEA SVENSSON

Mailing Address 661 41ST ST APT 2C

City

BROOKLYN

State

NY

Zip Code

11232-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936821

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2188 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SVEA SVENSSON

Mailing Address 661 41ST ST APT 2C

City

BROOKLYN

State

NY

Zip Code

11232-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956636

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SVEA SVENSSON

Mailing Address 661 41ST ST APT 2C

City

BROOKLYN

State

NY

Zip Code

11232-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13967641

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. SVETLIC

Mailing Address 7111 COUNTRY WOOD LN.

City

KANSAS CITY

State

MO

Zip Code

64152-1199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939299

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2189 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

JANET A. SWAN

Mailing Address P.O. BOX 301

City

BENTON

State

PA

Zip Code

17814-0301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962875

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDMUND R. SWANBERG

Mailing Address 152 MICHIGAN ROAD

City

NEW CANAAN

State

CT

Zip Code

06840-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954950

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDMUND R. SWANBERG

Mailing Address 152 MICHIGAN ROAD

City

NEW CANAAN

State

CT

Zip Code

06840-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959611

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2190 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDMUND R. SWANBERG

Mailing Address 152 MICHIGAN ROAD

City

NEW CANAAN

State

CT

Zip Code

06840-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972896

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ALFRED B. SWANSON

Mailing Address 1059 COUNTY STREET 2928

City

TUTTLE

State

OK

Zip Code

73089-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966256

Amount of Each Receipt this Period

175.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN SWANSON

Mailing Address 6745 ROXBOROUGH DR

City

LITTLETON

State

CO

Zip Code

80125-8703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933421

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2191 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VAL JEAN SWANSON

Mailing Address 1338 W. MCKINLEY AVENUE

City

POMONA

State

CA

Zip Code

91768-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. PAUL'S LUTH. CHURCH

Occupation

DIRECTOR OF CHURCH MUSIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931527

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ESTHER F. SWART

Mailing Address 511 COPHER CT

City

EULESS

State

TX

Zip Code

76040-5588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OAO TECHNOLOGIES CORP

Occupation

SITE MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941474

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ESTHER F. SWART

Mailing Address 511 COPHER CT

City

EULESS

State

TX

Zip Code

76040-5588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OAO TECHNOLOGIES CORP

Occupation

SITE MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945217

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

151.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2192 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ESTHER F. SWART

Mailing Address 511 CIPHER CT

City

EULESS

State

TX

Zip Code

76040-5588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OAO TECHNOLOGIES CORP

Occupation  
SITE MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945218

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. SWARTLEY

Mailing Address 608 S BROAD ST

City

LANSDALE

State

PA

Zip Code

19446-5249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABINGTON HEALTH LANSDALE  
HOSPITAL

Occupation  
HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933291

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MICHAELNE SWARTZ

Mailing Address 113 LANDSDOWN

City

WILLIAMSBURG

State

VA

Zip Code

23188-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931936

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

116.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2193 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. ANN L. SWEENEY**

Mailing Address **P.O. BOX 281**

City State Zip Code  
**POCONO SUMMIT PA 18346-0281**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**11 / 18 / 2010**

**Transaction ID: SA11.13969526**

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MRS. JANICE MARIE SWEERE**

Mailing Address **5637 WOODLAWN BLVD**

City State Zip Code  
**MINNEAPOLIS MN 55417-2667**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ERGOTRON, INC.**

Occupation  
**BUSINESS OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**9000.00**

Date of Receipt

**11 / 15 / 2010**

**Transaction ID: SA11.13968839**

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**DR. CHRISTOPHER S. SWEET**

Mailing Address **8047 COTSWOLD LN**

City State Zip Code  
**CLARKSTON MI 48348-4364**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 29 / 2010**

**Transaction ID: SA11.13961818**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**6040.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2194 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM R. SWEET

Mailing Address 81 MOUNT TIBURON RD

City State Zip Code  
BEL TIBURON CA 94920-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941070

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JOHN W. SWEEZY, JR.

Mailing Address 1441 SADLER CIRCLE WEST DR

City State Zip Code  
INDIANAPOLIS IN 46239-1057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEO

Occupation  
C E O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964385

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. BEVERLY L. SWIFT

Mailing Address 461 FAR VIEW RD

City State Zip Code  
DURANGO CO 81303-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942648

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

565.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2195 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. SWIGER

Mailing Address 6918 CINNAMON CIR

City

CHARLOTTE

State

NC

Zip Code

28227-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946838

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. SWIGER

Mailing Address 6918 CINNAMON CIR

City

CHARLOTTE

State

NC

Zip Code

28227-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968041

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MIKE L. SWINFORD

Mailing Address 111 E. CHESTNUT #51K

City

CHICAGO

State

IL

Zip Code

60611-6029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13966024

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15055.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2196 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EUGENE SWINNERTON

Mailing Address 643 E FOX HILLS DR

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-1305

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956354

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. SWITZER, USMC (RET.

Mailing Address 205 SAND DOLLAR CV.

City

SNEADS FERRY

State

NC

Zip Code

28460-9114

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
COASTAL CAROLINA COMMUNITY  
COLLEGEOccupation  
INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957331

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KATHLEEN M. SWNETZEL

Mailing Address 12246 ROUNDWOOD RD UNIT 707

City

TIMONIUM

State

MD

Zip Code

21093-3254

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Transaction ID: SA11.13965908

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2197 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONALD SWYGERT

Mailing Address 8416 ALYCE PLACE

City

ALEXANDRIA

State

VA

Zip Code

22308-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945187

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DONALD SWYGERT

Mailing Address 8416 ALYCE PLACE

City

ALEXANDRIA

State

VA

Zip Code

22308-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964571

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEO O. SYKES

Mailing Address PO BOX 152

City

GARNER

State

IA

Zip Code

50438-0152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEHIGH CEMENT CO

Occupation  
ELECTRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929445

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2198 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

W. STUART SYKES

Mailing Address 1005 COLUMBIA ROAD

City

MADISON

State

WI

Zip Code

53705-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955993

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT A. SYLVESTER

Mailing Address 10 HIGH ST #205  
# 205

City

LEWISTON

State

ME

Zip Code

04240-7657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R A SYLVESTER, M.D PA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931260

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT A. SYLVESTER

Mailing Address 10 HIGH ST #205  
# 205

City

LEWISTON

State

ME

Zip Code

04240-7657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R A SYLVESTER, M.D PA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965635

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2199 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD J. SYLVESTRI

Mailing Address 280 BRONXVILLE ROAD #8A

City

BRONXVILLE

State

NY

Zip Code

10708-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUDSON VALLEY BANK

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951915

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS R. SYMONS

Mailing Address 5 NATALIE DR.

City

BUDD LAKE

State

NJ

Zip Code

07828-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954533

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY SZAFRANIC

Mailing Address 308 WEST BAY DRIVE

City

VENICE

State

FL

Zip Code

34285-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959027

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2200 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN R. SZATKOWSKI

Mailing Address 519 LODGEPOLE DR

City

INCLINE VILLAGE

State

NV

Zip Code

89451-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964399

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RONALD F. SZOPA, DMD

Mailing Address 753 CHESTNUT ST

City

MANCHESTER

State

NH

Zip Code

03104-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RONALD F SZOPA, D M D

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931725

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY S. SZYBALSKI

Mailing Address 13 INVERLEITH TER

City

MORAGA

State

CA

Zip Code

94556-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PA CONSULTING

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955854

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2201 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BERNADINE SZYDLIK

Mailing Address 2414 BROOKTREE DR.

City

HOUSTON

State

TX

Zip Code

77008-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH TEXAS EXTERMINATING  
CO.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939158

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WALTER J. SZYDLOWSKI

Mailing Address 6475 SUGAR TREE DR.

City

SPRING HILL

State

FL

Zip Code

34607-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INTERNAL MEDICINE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946536

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WALTER J. SZYDLOWSKI

Mailing Address 6475 SUGAR TREE DR.

City

SPRING HILL

State

FL

Zip Code

34607-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INTERNAL MEDICINE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956755

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

385.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2202 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. DONALD TAFT

Mailing Address PO BOX 270505

City State Zip Code  
CORPUS CHRISTI TX 78427-0505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRUGH COUNTY IND

Occupation  
C E O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13968580

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. ARTHUR R. TAGGART

Mailing Address 17 TIARA

City State Zip Code  
IRVINE CA 92614-7310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955869

Amount of Each Receipt this Period

210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
JUDITH FERRELL TAGGART

Mailing Address 2341 S ODE ST.

City State Zip Code  
ARLINGTON VA 22202-1543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JT & AINE

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958383

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

410.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2203 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SONIA M. TAGLE

Mailing Address 158 TARA RUN

City

WOOLWICH TWP

State

NJ

Zip Code

08085-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933308

Amount of Each Receipt this Period

31.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SONIA M. TAGLE

Mailing Address 158 TARA RUN

City

WOOLWICH TWP

State

NJ

Zip Code

08085-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954518

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL N. TAGLICH

Mailing Address 98 BAY ST

City

SAG HARBOR

State

NY

Zip Code

11963-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TAGLICH BROTHERS

Occupation

BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13957621

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

311.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2204 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. PAULINE C. TAKAHASHI**

Mailing Address **1704 BRIDGE ST**

City State Zip Code  
**LOS ANGELES CA 90033-1625**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961419

Amount of Each Receipt this Period

680.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. FRANCIS X. TALBOT**

Mailing Address **6100 WESTCHESTER PARK DR  
APT 811**

City State Zip Code  
**COLLEGE PARK MD 20740-2847**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**AMERICAN NUCLERE**

Occupation  
**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 1 / 2 0 1 0**

Transaction ID: SA11.13961078

Amount of Each Receipt this Period

85.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. JOHN C. TALBOTT**

Mailing Address **1435 N 8TH. ST.**

City State Zip Code  
**PEKIN IL 61554-2102**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954575

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2205 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRYAN I. TANAKA

Mailing Address 336 EGGERKING ROAD

City

KAPAA

State

HI

Zip Code

96746-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956608

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEVEN R. TANENBAUM

Mailing Address 229 GLENMOOR RD

City

GLADWYNE

State

PA

Zip Code

19035-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A WISH COME TRUE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANUFACTURING

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940702

Amount of Each Receipt this Period

480.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KATHY TANNER

Mailing Address 2812 E ELKHORN LN

City

SANDY

State

UT

Zip Code

84093-6593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952871

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

880.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2206 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. IMARIE TANSEY

Mailing Address 24 CAMPUS CT.

City

AVON LAKE

State

OH

Zip Code

44012-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971606

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. J WARREN TAPSCOTT

Mailing Address 10850 W WEDGEWOOD DR.

City

SUN CITY

State

AZ

Zip Code

85351-1036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941731

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOAQUIN C. TARANCO

Mailing Address 7201 SW 5TH ST.

City

PLANTATION

State

FL

Zip Code

33317-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHERIDAN HEALTHCARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933054

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

187.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2207 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOAQUIN C. TARANCO

Mailing Address 7201 SW 5TH ST.

City

PLANTATION

State

FL

Zip Code

33317-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHERIDAN HEALTHCARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958575

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ALICE A. TASSELL

Mailing Address 259 W ROCK CREEK RD

City

NEW BERN

State

NC

Zip Code

28562-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950618

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ALICE A. TASSELL

Mailing Address 259 W ROCK CREEK RD

City

NEW BERN

State

NC

Zip Code

28562-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963732

Amount of Each Receipt this Period

95.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2208 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALTER A. TATE

Mailing Address 9225 TALBERT AVE

City

FOUNTAIN VLY

State

CA

Zip Code

92708-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937380

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD O. TATHAM

Mailing Address 18828 MUNN RD.

City

CHAGRIN FALLS

State

OH

Zip Code

44023-6261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEVELAND BLACK OXIDE

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933032

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALFRED J. TATMAN

Mailing Address 6475 MISSION RDG.

City

TRAVERSE CITY

State

MI

Zip Code

49686-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958434

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

216.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2209 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE M. TATOM

Mailing Address 600 OWENS ST

City

DOTHAN

State

AL

Zip Code

36301-5044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954838

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. VALENTINE J. TAUBNER, JR.

Mailing Address 45 HEYWOOD RD

City

PELHAM

State

NY

Zip Code

10803-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCM CORPOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945695

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PHILLIP R. TAVES, SR.

Mailing Address 3192 ROGERS DR

City

CAMBRIA

State

CA

Zip Code

93428-3928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934419

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2210 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. ANDREW C. TAYLOR

Mailing Address 1147 LOG CABIN LANE

City State Zip Code  
ST. LOUIS MO 63124-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENTERPRISE LEASING COMPANY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961233

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. BARBARA B. TAYLOR

Mailing Address 1147 LOG CABIN LANE

City State Zip Code  
SAINT LOUIS MO 63124-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13966025

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. BETTY H. TAYLOR

Mailing Address 1416 WADE DR

City State Zip Code  
BEDFORD TX 76022-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953550

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

12551.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2211 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD J. TAYLOR

Mailing Address 6715 35TH. AVE N

City

ST PETERSBURG

State

FL

Zip Code

33710-1520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956698

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERVIN E. TAYLOR, JR.

Mailing Address 36436 HWY 72

City

SALEM

State

MO

Zip Code

65560-8837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930520

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERVIN E. TAYLOR, JR.

Mailing Address 36436 HWY 72

City

SALEM

State

MO

Zip Code

65560-8837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943136

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2212 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. G E. TAYLOR

Mailing Address P.O. BOX 575

City

BRIDGEPORT

State

TX

Zip Code

76426-0575

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13955057

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE R. TAYLOR

Mailing Address 7321 ABERDEEN PKWY E

City

TULSA

State

OK

Zip Code

74132-2125

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954211

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD WAYNE TAYLOR

Mailing Address P. O. BOX1227

City

PASCAGOULA

State

MS

Zip Code

39568-1227

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
TECHWELD INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13918720

Amount of Each Receipt this Period

115.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

365.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2213 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DR. GLEN L. TAYLOR**

Mailing Address **732 HILLCREST ST.**

City State Zip Code  
**DENTON TX 76201-2405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**402.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13941470

Amount of Each Receipt this Period

**21.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. GLEN L. TAYLOR**

Mailing Address **732 HILLCREST ST.**

City State Zip Code  
**DENTON TX 76201-2405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**402.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972729

Amount of Each Receipt this Period

**21.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JACK C. TAYLOR**

Mailing Address **35 HUNTER AVENUE**

City State Zip Code  
**SAINT LOUIS MO 63124-2008**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ENTERPRISE RENT A. CAR**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**7500.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13966027

Amount of Each Receipt this Period

**7500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**7542.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2214 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. JEAN M. TAYLOR**

Mailing Address **535 HARVARD STREET**

City State Zip Code  
**WHITMAN MA 02382-2321**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**237.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13935386**

Amount of Each Receipt this Period

**15.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN W. TAYLOR**

Mailing Address **245 MISSION RD.**

City State Zip Code  
**SEDONA AZ 86336-4637**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13940683**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH E. TAYLOR**

Mailing Address **19510 ARGYLE OVAL**

City State Zip Code  
**ROCKY RIVER OH 44116-1604**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OHIO CAT**

Occupation  
**BUSINESS EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: SA11.13965479**

Amount of Each Receipt this Period

**2500.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**2715.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2215 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEAH C. TAYLOR

Mailing Address 11 WOODSTONE ST.

City

HOUSTON

State

TX

Zip Code

77024-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935479

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LEAH C. TAYLOR

Mailing Address 11 WOODSTONE ST.

City

HOUSTON

State

TX

Zip Code

77024-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946377

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARILYN TAYLOR

Mailing Address 804 TOBACCOPORT ROAD

City

BUMPUS MILLS

State

TN

Zip Code

37028-6145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949793

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2216 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MELVIN L. TAYLOR

Mailing Address 3210 ROSE AVE

City

CERES

State

CA

Zip Code

95307-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952348

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MELVIN L. TAYLOR

Mailing Address 3210 ROSE AVE

City

CERES

State

CA

Zip Code

95307-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952617

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MELVIN L. TAYLOR

Mailing Address 3210 ROSE AVE

City

CERES

State

CA

Zip Code

95307-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952802

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2217 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MELVIN L. TAYLOR**

Mailing Address **3210 ROSE AVE**

City State Zip Code  
**CERES CA 95307-3811**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**212.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13953049

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. NORMAN V. TAYLOR**

Mailing Address **924 LAUDERDALE DR.**

City State Zip Code  
**LEXINGTON KY 40515-6466**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**716.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13950440

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. PHYLLIS TAYLOR**

Mailing Address **1 LEE CIRCLE**

City State Zip Code  
**NEW ORLEANS LA 70130-3931**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TAYLOR ENERGY CO.**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**15000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13959342

Amount of Each Receipt this Period

**15000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**15090.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2218 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT W. TAYLOR

Mailing Address 1010 FOSTER ST.

City

RAYVILLE

State

LA

Zip Code

71269-3215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956283

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THADDEUS M. TAYLOR

Mailing Address 2704 S GROVE ST

City

ARLINGTON

State

VA

Zip Code

22202-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949253

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. THOMAS TAYLOR

Mailing Address 108 MONROE DRIVE

City

HORSEHEADS

State

NY

Zip Code

14845-2269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRFL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928538

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2219 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**TROY TAYLOR**

Mailing Address **5120 LAFITTE DR**

City State Zip Code  
**OAK PARK CA 91377-4722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**485.00**

Date of Receipt

**11 / 03 / 2010**

**Transaction ID: SA11.13965348**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM E. TAYLOR**

Mailing Address **2135 MARTIN AVE**

City State Zip Code  
**FREMONT OH 43420-3164**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**241.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13934642**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM E. TAYLOR**

Mailing Address **2135 MARTIN AVE**

City State Zip Code  
**FREMONT OH 43420-3164**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**241.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13936282**

Amount of Each Receipt this Period

**1.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**76.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2220 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

B. TEBAUT

Mailing Address 166 SAN MARCO AVE

City

SAINT AUGUSTINE

State

FL

Zip Code

32084-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955916

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NORMAN R. TEETERS

Mailing Address P.O. BOX 202

City

COLDWATER

State

MI

Zip Code

49036-0202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943121

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NORMAN R. TEETERS

Mailing Address P.O. BOX 202

City

COLDWATER

State

MI

Zip Code

49036-0202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953886

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2221 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER M. TEGANTVOORT

Mailing Address 111 MELISSA LANE

City

NEW MARKET

State

AL

Zip Code

35761-9034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931786

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CLIFTON E. TEMPLE

Mailing Address 8 SYLVAN AVE.

City

CHELMSFORD

State

MA

Zip Code

01824-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948735

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CLIFTON E. TEMPLE

Mailing Address 8 SYLVAN AVE.

City

CHELMSFORD

State

MA

Zip Code

01824-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949099

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2222 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CLIFTON E. TEMPLE

Mailing Address 8 SYLVAN AVE.

City

CHELMSFORD

State

MA

Zip Code

01824-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950016

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CLIFTON E. TEMPLE

Mailing Address 8 SYLVAN AVE.

City

CHELMSFORD

State

MA

Zip Code

01824-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969879

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. G. ERNEST TEMPLE

Mailing Address P.O. BOX 5

City

TWIN MOUNTAIN

State

NH

Zip Code

03595-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952340

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2223 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. S SCOTT TENNEY**

Mailing Address **15 RED FOX DR**

City State Zip Code  
**SHERIDAN WY 82801-8637**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PHYSICIAN**

Occupation  
**FEDERAL GOVERNMENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: **SA11.13953074**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID P. TENNY**

Mailing Address **3639 PAOLI COURT**

City State Zip Code  
**CHANTILLY VA 20151-3341**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: **SA11.13959343**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. MARGARET S. TERRELL**

Mailing Address **403 BEECHWOOD DR**

City State Zip Code  
**TYLER TX 75701-7847**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**480.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: **SA11.13951305**

Amount of Each Receipt this Period

**155.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1205.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2224 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROBIN TERRELL

Mailing Address P.O. BOX 624

City

HAMILTON

State

TX

Zip Code

76531-0624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13942578

Amount of Each Receipt this Period

275.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOUIE P. TERSINI

Mailing Address 743 BICKNELL RD

City

LOS GATOS

State

CA

Zip Code

95030-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966499

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. REX K. TETER

Mailing Address 411 YORKSHIRE AVE

City

PASADENA

State

TX

Zip Code

77503-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAIRMONT ELEMENTARY SCHOOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
TEACHER

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946855

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

725.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2225 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. REX K. TETER

Mailing Address 411 YORKSHIRE AVE

City

PASADENA

State

TX

Zip Code

77503-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAIRMONT ELEMENTARY SCHOOL

Occupation

TEACHER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13947010

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DUANE G. TEUSCHER

Mailing Address 22 SHEARWATER PL

City

SPRING

State

TX

Zip Code

77381-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932572

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DUANE G. TEUSCHER

Mailing Address 22 SHEARWATER PL

City

SPRING

State

TX

Zip Code

77381-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933445

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

82.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2226 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DUANE G. TEUSCHER

Mailing Address 22 SHEARWATER PL

City

SPRING

State

TX

Zip Code

77381-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954425

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA M. TEWS

Mailing Address 1758 BAFFORD LN

City

FALLON

State

NV

Zip Code

89406-7417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951310

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HILLARY THAMER

Mailing Address 420 VISTA PARADA

City

NEWPORT BEACH

State

CA

Zip Code

92660-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952448

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2227 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. THIBODEAUX

Mailing Address 1720 N PINE ST

City

DERIDDER

State

LA

Zip Code

70634-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN APPRAISALS INC.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938506

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD E. THIELE

Mailing Address 1704 LAGUNA DR

City

RICHMOND

State

TX

Zip Code

77406-9738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1802.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941409

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD E. THIELE

Mailing Address 1704 LAGUNA DR

City

RICHMOND

State

TX

Zip Code

77406-9738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1802.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941427

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

461.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2228 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER THIEL

Mailing Address ONE LETTERMAN DRIVE  
BUILDING C-SUITE 400

City	State	Zip Code
SAN FRANCISCO	CA	94129-1494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLARIUM CAPITAL MANAGEMENT  
LLCOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951145

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEVEN THIEL

Mailing Address 85 5TH AVE S

City	State	Zip Code
WAHPETON	ND	58075-4744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942086

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TOM THIEMAN

Mailing Address 100 GILBERG ST

City	State	Zip Code
NEW BREMEN	OH	45869-1286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13959069

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15455.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2229 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOEL V. THIESSEN

Mailing Address 1292 N. 21ST AVENUE

City

RAYMOND

State

IL

Zip Code

62560-5069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROY WHITE KAMP, INC.

Occupation  
HERDSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947463

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOAN THIXTON

Mailing Address 9523 E 33RD. ST. S

City

INDEPENDENCE

State

MO

Zip Code

64052-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964579

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BRENDA THOMAS

Mailing Address 346 ROBIN LN.

City

GATLINBURG

State

TN

Zip Code

37738-5844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR DAVID CAMPBELL

Occupation  
DENTAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947904

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

119.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2230 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. BRIAN THOMAS

Mailing Address 3722 N AMBLEWOOD CIR

City State Zip Code  
LIMA OH 45806-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950824

Amount of Each Receipt this Period

70.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. CARL THOMA

Mailing Address 180 E. PEARSON ST.  
UNIT 6105

City State Zip Code  
CHICAGO IL 60611-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMA BRAVO

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951153

Amount of Each Receipt this Period

7950.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. DANNY THOMAS

Mailing Address 49 IVIERS DR

City State Zip Code  
LITTLE ROCK AR 72223-9143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957660

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

8230.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2231 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS D. THOMAS

Mailing Address 3330 10TH LN W

City

PALMETTO

State

FL

Zip Code

34221-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOODYEAROccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962621

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD D. THOMAS

Mailing Address 210 MAGNOLIA RIDGE

City

JONESBOROUGH

State

TN

Zip Code

37659-4791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13966033

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HUGHES C. THOMAS

Mailing Address PO BOX 610

City

SINTON

State

TX

Zip Code

78387-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965162

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1235.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2232 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHNNY D. THOMAS

Mailing Address 11926 LUCASVILLE RD

City

MANASSAS

State

VA

Zip Code

20112-4415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931341

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOYCE M. THOMAS

Mailing Address P.O. BOX 143

City

STOCKTON

State

AL

Zip Code

36579-0143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942261

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MORTIMER H. THOMAS

Mailing Address 5040 16TH AVE. N. E.

City

SEATTLE

State

WA

Zip Code

98105-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13969243

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

195.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2233 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD THOMAS

Mailing Address 217 ALTA PLAZA

City

CORPUS CHRISTI

State

TX

Zip Code

78411-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

GEOPHYSICAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971268

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD B. THOMAS

Mailing Address 46 EMS T30 LN.

City

LEESBURG

State

IN

Zip Code

46538-9128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948877

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD B. THOMAS

Mailing Address 46 EMS T30 LN.

City

LEESBURG

State

IN

Zip Code

46538-9128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969238

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2234 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. THOMAS

Mailing Address P.O. BOX 4679

City

TULSA

State

OK

Zip Code

74159-0679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1751.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948190

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. THOMAS

Mailing Address 494 W 10TH AVE APT 313

City

EUGENE

State

OR

Zip Code

97401-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931785

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SARA THOMAS

Mailing Address 186 ASCOT PARK COMMON DR.

City

MEMPHIS

State

TN

Zip Code

38120-2355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939036

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

611.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2235 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SHAWN R. THOMAS

Mailing Address 882 MANOR LANE

City

BAY SHORE

State

NY

Zip Code

11706-7513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957666

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SUSAN L. THOMAS

Mailing Address 71870 563RD AVE

City

FAIRBURY

State

NE

Zip Code

68352-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REJECTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

COUNCILER

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955730

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM H. THOMAS

Mailing Address P.O. BOX 1297

City

GULF BREEZE

State

FL

Zip Code

32562-1297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932996

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

201.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2236 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. BETTY A. THOMPSON

Mailing Address 47 GREENCROFT DR

City State Zip Code  
CHAMPAIGN IL 61821-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933177

Amount of Each Receipt this Period

36.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. BETTY A. THOMPSON

Mailing Address 47 GREENCROFT DR

City State Zip Code  
CHAMPAIGN IL 61821-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948879

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
DEBORAH B. THOMPSON

Mailing Address 208 TCHEFUNETE PARK CT

City State Zip Code  
MADISONVILLE LA 70447-9777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PONTCHARTRAIN PHARMACY

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953616

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

137.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2237 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH B. THOMPSON

Mailing Address 208 TCHEFUNETE PARK CT

City

MADISONVILLE

State

LA

Zip Code

70447-9777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PONTCHARTRAIN PHARMACY

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953750

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GEORGE F. THOMPSON

Mailing Address 659 ROXTON LN SW

City

MARIETTA

State

GA

Zip Code

30064-2997

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934649

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY THOMPSON

Mailing Address 2931 TRUE RD.

City

YUBA CITY

State

CA

Zip Code

95993-9696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962523

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

302.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2238 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JAMES A. THOMPSON**

Mailing Address **1136 MAYLAND LANE**

City State Zip Code  
**BIRMINGHAM AL 35216-2228**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943867

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**JANE THOMPSON**

Mailing Address **156 MIRA VELERO**

City State Zip Code  
**SAN CLEMENTE CA 92673-3115**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**371.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952031

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**JANE THOMPSON**

Mailing Address **156 MIRA VELERO**

City State Zip Code  
**SAN CLEMENTE CA 92673-3115**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**371.00**

Date of Receipt

**11 / 22 / 2010**

Transaction ID: SA11.13972751

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**176.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2239 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH THOMPSON

Mailing Address 6115 ABERDEEN AVENUE

City

DALLAS

State

TX

Zip Code

75230-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MISTER SWEEPER

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959417

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK A. THOMPSON

Mailing Address 690 OSCEOLA COURT NE

City

ST PETERSBURG

State

FL

Zip Code

33702-2753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMPSON GLOBAL PARTNERS,  
LLC

Occupation

GENERAL MANAGER/ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957646

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NIKOLEE THOMPSON

Mailing Address 2630 GREY OAKS DR N APT 20

City

NAPLES

State

FL

Zip Code

34105-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950498

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2240 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. ROBBIE THOMPSON**

Mailing Address **PO BOX 309**

City State Zip Code  
**CARLOTTA CA 95528-0309**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13955890

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. STACEY THOMPSON**

Mailing Address **67 OAK GROVE DR**

City State Zip Code  
**NOVATO CA 94949-7220**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAMERFELL CITY SCHOOL**

Occupation

**HIGH SCHOOL COUNSOLOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13930903

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. STACEY THOMPSON**

Mailing Address **67 OAK GROVE DR**

City State Zip Code  
**NOVATO CA 94949-7220**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAMERFELL CITY SCHOOL**

Occupation

**HIGH SCHOOL COUNSOLOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13942865

Amount of Each Receipt this Period

**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**270.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2241 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN THOMPSON

Mailing Address P.O. BOX 828

City

WARRENSBURG

State

MO

Zip Code

64093-0828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEATLAND FOR HUMANIDTY

Occupation

CONSTRUCTION DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949179

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN THOMPSON

Mailing Address P.O. BOX 828

City

WARRENSBURG

State

MO

Zip Code

64093-0828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEATLAND FOR HUMANIDTY

Occupation

CONSTRUCTION DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Transaction ID: SA11.13965620

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SYLCIA F. THOMPSON

Mailing Address 26 THAYER AVENUE

City

WEYMOUTH

State

MA

Zip Code

02188-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	1	0

Transaction ID: SA11.13967252

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2242 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THERESA THOMPSON

Mailing Address 4101 N. RANDOLPH COURT

City

ARLINGTON

State

VA

Zip Code

22207-4863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961124

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NANCY J. THORNER

Mailing Address 331 E. BLODGETT AVENUE

City

LAKE BLUFF

State

IL

Zip Code

60044-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932690

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRY R. THORN

Mailing Address 11920 158TH AVE. N. E.

City

REDMOND

State

WA

Zip Code

98052-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VISION MARKETING

Occupation  
FOOD BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952918

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

726.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2243 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CATHERINE I. THREET

Mailing Address 14 EDINBURGH CIR.  
UNIT 9D

City State Zip Code  
PAGOSA SPGS CO 81147-8916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948296

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUSAN THROWER

Mailing Address 8225 FORT HUNT RD.

City State Zip Code  
ALEXANDRIA VA 22308-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPOWL UNIVERSITY COLLEGE  
OF LAW

Occupation  
PROFESSOR OF LAW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930203

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SUSAN THROWER

Mailing Address 8225 FORT HUNT RD.

City State Zip Code  
ALEXANDRIA VA 22308-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPOWL UNIVERSITY COLLEGE  
OF LAW

Occupation  
PROFESSOR OF LAW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952688

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2244 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. THUESEN

Mailing Address 633 GULFWOOD RD.

City

KNOXVILLE

State

TN

Zip Code

37923-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932711

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JIM THURMAN

Mailing Address 5936 BROADWAY AVE

City

GREAT BEND

State

KS

Zip Code

67530-3177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965293

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED THURSTON

Mailing Address 5801 N OAKWOOD RD  
APT E308

City

ENID

State

OK

Zip Code

73703-9303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931821

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2245 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TODD TIDGEWELL

Mailing Address 401 9TH STREET, NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20004-2145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NIXON & PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968691

Amount of Each Receipt this Period

650.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SANDRA TIDWELL

Mailing Address P.O. BOX 1217

City State Zip Code  
MINEOLA TX 75773-7217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965301

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CORWYN B. TIEDE

Mailing Address 60 JENNIFER CIR.

City State Zip Code  
ROGERSVILLE AL 35652-7212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950267

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2246 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL L. TIEFRY

Mailing Address 249 CLEARWATER DRIVE

City

RIDGEDALE

State

MO

Zip Code

65739-4290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938714

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN TIGHE

Mailing Address 25 SYCAMORE ST.

City

BRONXVILLE

State

NY

Zip Code

10708-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA MERRILL  
LYNCH

Occupation

NATIONAL SALES DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951064

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WARREN TIGNER

Mailing Address 2203 MILLER RD

City

ROSHARON

State

TX

Zip Code

77583-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949226

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2247 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WARREN TIGNER

Mailing Address 2203 MILLER RD

City

ROSHARON

State

TX

Zip Code

77583-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968082

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER F. TILDEN

Mailing Address 9104 PRESTONDALE AVE  
# 44

City

HENRICO

State

VA

Zip Code

23294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937191

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK ANDREW TILLOTSON

Mailing Address 15112 HAWKSBILL COURT

City

WOODBIDGE

State

VA

Zip Code

22193-5831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROWN RUDNICK

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968039

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2248 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS O. TILSON

Mailing Address 3868 EXMOOR CIR

City

SACRAMENTO

State

CA

Zip Code

95864-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928056

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS O. TILSON

Mailing Address 3868 EXMOOR CIR

City

SACRAMENTO

State

CA

Zip Code

95864-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956885

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS O. TILSON

Mailing Address 3868 EXMOOR CIR

City

SACRAMENTO

State

CA

Zip Code

95864-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961326

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2249 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERNST G. TIMM

Mailing Address 1118 BERNARDO BLVD

City

LADY LAKE

State

FL

Zip Code

32159-5798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960766

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. TIMMERMEISTER

Mailing Address P.O. BOX 1649

City

LIMA

State

OH

Zip Code

45802-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIMA AUTO MALL

Occupation  
CAR DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952935

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SADIE PEARL TIMMONS

Mailing Address 3817 BOOTH ST.

City

KANSAS CITY

State

KS

Zip Code

66103-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956460

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2250 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. TIMMONS, JR.

Mailing Address 1110 VERMONT AVE. NW

City

WASHINGTON

State

DC

Zip Code

20005-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRIME POLICY GROUP

Occupation

CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959388

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. TINDALL

Mailing Address 3700 VIOLA LN.

City

MURPHYSBORO

State

IL

Zip Code

62966-6510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933200

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE G. TINLING

Mailing Address 1325 CUBA AVE

City

ALAMOGORDO

State

NM

Zip Code

88310-5727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961129

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2251 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE G. TINLING

Mailing Address 1325 CUBA AVE

City

ALAMOGORDO

State

NM

Zip Code

88310-5727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11.13966520

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY D. TINSLEY

Mailing Address 1036 COUNTY ROAD 105

City

NACOGDOCHES

State

TX

Zip Code

75965-8174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13945375

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. TIPS

Mailing Address 211 E IRELAND ST

City

SEGUIN

State

TX

Zip Code

78155-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYEDOccupation  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939048

Amount of Each Receipt this Period

21.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

171.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2252 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LOIS E. TITUS

Mailing Address 33 N LINDEN DR.

City

VENTURA

State

CA

Zip Code

93004-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945346

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL C. TOBIAS

Mailing Address P.O. BOX 68

City

BRIDGE CITY

State

TX

Zip Code

77611-0068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941358

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MURRAY A. TODD

Mailing Address 48537 VIA ENCANTO

City

LA QUINTA

State

CA

Zip Code

92253-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929012

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2253 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CARYL E. TOEDTER

Mailing Address 1000 N 15TH ST  
# T

City

MARYSVILLE

State

KS

Zip Code

66508-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1141.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941582

Amount of Each Receipt this Period

181.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CARYL E. TOEDTER

Mailing Address 1000 N 15TH ST  
# T

City

MARYSVILLE

State

KS

Zip Code

66508-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1141.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961738

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. TOFSTED

Mailing Address P.O. BOX 123

City

WHITE SANDS

State

NM

Zip Code

88002-0123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U. S. ARMY

Occupation

PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950257

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

381.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2254 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. TOFSTED

Mailing Address P.O. BOX 123

City

WHITE SANDS

State

NM

Zip Code

88002-0123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U. S. ARMY

Occupation  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965178

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LLOYD E. TOLLEY

Mailing Address P.O. BOX 175

City

BUCHANAN

State

VA

Zip Code

24066-0175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951338

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BILLIE WAI TOM

Mailing Address 30 PLYMOUTH ST.

City

CENTEREACH

State

NY

Zip Code

11720-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966763

Amount of Each Receipt this Period

12.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

197.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2255 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER TOMASZYCKI**

Mailing Address **39580 DORIAN DRIVE**

City State Zip Code  
**STERLING HEIGHTS MI 48310-2310**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHRISTOPHER TOMASZYCKI,  
 P.C.**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 15 / 2010**

**Transaction ID: SA11.13928070**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**DELBERT E. TOMEY**

Mailing Address **54 LOCUST ST**

City State Zip Code  
**FISHERSVILLE VA 22939-2210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**415.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11.13943409**

Amount of Each Receipt this Period

**40.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. DONNA TOMEY**

Mailing Address **173 BERWICK WAY**

City State Zip Code  
**SUNNYVALE CA 94087-3204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**583.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13951460**

Amount of Each Receipt this Period

**210.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2256 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. WILLIAM W. TOMLINSON

Mailing Address 6 LAKE HUNTER DR APT J8

City State Zip Code  
LAKELAND FL 33803-6204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961531

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. MICHAEL E. TONER

Mailing Address 4227 FORDHAM ROAD NW

City State Zip Code  
WASHINGTON DC 20016-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957925

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
DR. ROBERT ELTON TONSING

Mailing Address 4303 ST ANDREWS DR.

City State Zip Code  
PUEBLO CO 81001-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928006

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2257 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID B. TOOTHMAN

Mailing Address 301 W MAIN STREET  
SUITE 311

City

ARDMORE

State

OK

Zip Code

73401-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964787

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA S. TOPKINS

Mailing Address 1753 SAN YSIDRO DR.

City

BEVERLY HILLS

State

CA

Zip Code

90210-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935249

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LOIS J. TORLUEMKE

Mailing Address 1339 S KRAMER CT

City

AURORA

State

CO

Zip Code

80012-4171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944965

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2258 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
GEORGE J. TORRES

Mailing Address 13004 GLACIER SUMMIT DRIVE

City State Zip Code  
**DRAPER** **UT** **84020-8811**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATK

Occupation  
PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0** **2 4** **2 0 1 0**

Transaction ID: SA11.13947689

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ANTHONY TORSIELLO

Mailing Address 2163 OAK TREE RD STE 101

City State Zip Code  
**EDISON** **NJ** **08820-1083**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0** **2 7** **2 0 1 0**

Transaction ID: SA11.13958325

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. G TOSTEVIN

Mailing Address 12555 37TH AVE NE

City State Zip Code  
**SEATTLE** **WA** **98125-4654**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0** **1 9** **2 0 1 0**

Transaction ID: SA11.13940828

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**790.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2259 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**WILLIAM S. TOTH**

Mailing Address **7030 N AUSTIN AVE**

City State Zip Code  
**NILES IL 60714-4602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13959067

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**LAWRENCE TOTSKY**

Mailing Address **N65W14482 REDWOOD DR.**

City State Zip Code  
**MENOMONEE FALLS WI 53051-5170**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ARTISAN PARTNERS LIMITED  
PARTNERSHIP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHIEF FINANCIAL OFFICER

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13951442

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. JAMES S. TOUNG**

Mailing Address **12118 INDIGO COVE LANE**

City State Zip Code  
**HOUSTON TX 77041-6194**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 1 0**

Transaction ID: SA11.13955971

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**3700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2260 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. GORDON S. TOWNE

Mailing Address 625 ULULANI ST.

City

KAILUA

State

HI

Zip Code

96734-4431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941410

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GORDON S. TOWNE

Mailing Address 625 ULULANI ST.

City

KAILUA

State

HI

Zip Code

96734-4431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944657

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GORDON S. TOWNE

Mailing Address 625 ULULANI ST.

City

KAILUA

State

HI

Zip Code

96734-4431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952612

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2261 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. GORDON S. TOWNE

Mailing Address 625 ULULANI ST.

City

KAILUA

State

HI

Zip Code

96734-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972162

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NAOMI TOWNER

Mailing Address PO BOX 2677

City

OVERGAARD

State

AZ

Zip Code

85933-2677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961083

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID B. TOWNSEND

Mailing Address 8819 RAYSON LN

City

TINLEY PARK

State

IL

Zip Code

60487-8433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF CHICAGO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928007

Amount of Each Receipt this Period

750.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

835.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2262 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUDY K. TOWNSEND

Mailing Address P.O. BOX 33

City

DIXIE

State

WA

Zip Code

99329-0033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944177

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDY K. TOWNSEND

Mailing Address P.O. BOX 33

City

DIXIE

State

WA

Zip Code

99329-0033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961497

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL TOWNSEND

Mailing Address 99 WOODRANCH CIR.

City

DANVILLE

State

CA

Zip Code

94506-6117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTELLIGENT GLOBAL POOLING  
SYSTEM

Occupation  
DIRECTOR OF SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928015

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2263 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HERMANN TRABOLD

Mailing Address 4705 JAMESTON ST

City

BOULDER

State

CO

Zip Code

80301-4222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935044

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HERMANN TRABOLD

Mailing Address 4705 JAMESTON ST

City

BOULDER

State

CO

Zip Code

80301-4222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940657

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HERMANN TRABOLD

Mailing Address 4705 JAMESTON ST

City

BOULDER

State

CO

Zip Code

80301-4222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954391

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2264 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. GARY TRAN

Mailing Address 3321 RED ROOF INN PL.

City

LOUISVILLE

State

KY

Zip Code

40218-4570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939280

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GARY D. TRAVERS

Mailing Address 14470 TRIADELPHIA MILL RD.

City

DAYTON

State

MD

Zip Code

21036-1220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13953552

Amount of Each Receipt this Period

76.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DENNIS TRAVIS

Mailing Address 1 TRIMONT LN. APT. 2315A

City

PITTSBURGH

State

PA

Zip Code

15211-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METLIFEOccupation  
FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1101.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945763

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

426.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2265 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH H. TRAVIS

Mailing Address 4413 BRIARCLIFF DR.

City

ALTON

State

IL

Zip Code

62002-6914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932997

Amount of Each Receipt this Period

161.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH H. TRAVIS

Mailing Address 4413 BRIARCLIFF DR.

City

ALTON

State

IL

Zip Code

62002-6914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13949732

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH H. TRAVIS

Mailing Address 4413 BRIARCLIFF DR.

City

ALTON

State

IL

Zip Code

62002-6914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13969280

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

481.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2266 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. CELIA C. TRAWICK**

Mailing Address **711 WOODLAND DR**

City State Zip Code  
**FOLEY AL 36535-2907**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**TRAWICK BUILDERS**

Occupation  
**BOOKKEEPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13937230

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. LIONEL W. TREBILCOCK, III**

Mailing Address **1300 KAREN OVAL**

City State Zip Code  
**VIENNA OH 44473-9610**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**MILLWOOD INC.**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13959444

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. ROGER M. TREMAYNE**

Mailing Address **RR 1 BOX 49A**

City State Zip Code  
**WALTHILL NE 68067-5021**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**TREMAYNE'S FARM**

Occupation  
**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 6 / 2 0 1 0**

Transaction ID: SA11.13969320

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2267 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LORENZO TRIANA

Mailing Address 5151 SW 98TH AVENUE ROAD

City

MIAMI

State

FL

Zip Code

33165-7256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L. TRIANA & ASSOC. INC.

Occupation

PROFESSIONAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948304

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL TRIMARCO

Mailing Address 120 CRYSTAL BEACH BLVD

City

MORICHES

State

NY

Zip Code

11955-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945197

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL TRIMARCO

Mailing Address 120 CRYSTAL BEACH BLVD

City

MORICHES

State

NY

Zip Code

11955-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945651

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2268 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT L. TRIMPL**

Mailing Address **16042 SYMPHONY BLVD.**

City State Zip Code  
**NOBLESVILLE IN 46060-9299**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 0 / 2 0 1 0**

Transaction ID: SA11.13967643

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT S. TROTH**

Mailing Address **P.O. BOX 286**

City State Zip Code  
**HUNTSVILLE AL 35804-0286**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961814

Amount of Each Receipt this Period

260.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**DR. MAUREEN TROTTER**

Mailing Address **1900 PINE STREET**

City State Zip Code  
**ABILENE TX 79601-2432**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 9 / 2 0 1 0**

Transaction ID: SA11.13961810

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2269 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD E. TROUTMAN

Mailing Address 2015 BUCKMAN AVE

City

READING

State

PA

Zip Code

19610-1409

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
TROUTMAN INDUSTRIES INC.

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13957665

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LYN LEE W. TROY

Mailing Address 41163 ALLA LILY ST

City

FORT MILL

State

SC

Zip Code

29707-5853

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	0

Transaction ID: SA11.13965375

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SEN. CAESAR TRUNZO

Mailing Address 105 WASHINGTON AVE

City

BRENTWOOD

State

NY

Zip Code

11717-2723

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13933150

Amount of Each Receipt this Period

76.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

261.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2270 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SEN. CAESAR TRUNZO

Mailing Address 105 WASHINGTON AVE

City

BRENTWOOD

State

NY

Zip Code

11717-2723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935162

Amount of Each Receipt this Period

3.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SEN. CAESAR TRUNZO

Mailing Address 105 WASHINGTON AVE

City

BRENTWOOD

State

NY

Zip Code

11717-2723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957165

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWIN TRUST

Mailing Address 1964 SW SAINT ANDREWS DR.

City

PALM CITY

State

FL

Zip Code

34990-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969858

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

223.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2271 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MARK TSAI

Mailing Address 16415 COLORADO AVENUE  
#101

City State Zip Code  
PARAMOUNT CA 90723-5051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MARK TSAI, MD

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955781

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDDIE TSARSI

Mailing Address 7 CRESCENT COVE DR.

City State Zip Code  
SEAFORD NY 11783-3600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932740

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDDIE TSARSI

Mailing Address 7 CRESCENT COVE DR.

City State Zip Code  
SEAFORD NY 11783-3600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936136

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

227.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2272 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDDIE TSARSI

Mailing Address 7 CRESCENT COVE DR.

City

SEAFORD

State

NY

Zip Code

11783-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956777

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANE S. TSCHUDY

Mailing Address 9 COUNTRY ESTATES PL

City

SAINT LOUIS

State

MO

Zip Code

63131-3411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931930

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MORDOKHAY I. TSIMRING

Mailing Address 2542 E 11TH STREET APT 1

City

BROOKLYN

State

NY

Zip Code

11235-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968170

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2273 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

ABELLON DOMINADOR TUBOJAN

Mailing Address **48 PROSPECT ST**

City

**GREENWICH**

State

**CT**

Zip Code

**06830-5228**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BIMBO BAKERIES USA (ARNOLD  
 BAKERY)**

Occupation

**PACKAGING MACHINE OPERATOR (BAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**551.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13933369**

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES TUCHEK

Mailing Address **421 WESTMINSTER DRIVE**

City

**BURR RIDGE**

State

**IL**

Zip Code

**60527-8338**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CARDIAC SURGERY ASSOCIATES**

Occupation

**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13929741**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. TUCK

Mailing Address **153 BAKER RD**

City

**MARTIN**

State

**TN**

Zip Code

**38237-3819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13957679**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**401.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2274 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. JEFFREY TUCKER

Mailing Address 100 CRESCENT COURT  
STE. 450

City State Zip Code  
DALLAS TX 75201-7822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948202

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JESSE F. TUCKER

Mailing Address 20450 HUEBNER RD APT 1007

City State Zip Code  
SAN ANTONIO TX 78258-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965822

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. JOHN A. TUCKER

Mailing Address 119 CHURCH GATE LN

City State Zip Code  
GAITHERSBURG MD 20878-7849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940944

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2275 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. TUCKER

Mailing Address 540 RIFORD RD

City

NEENAH

State

WI

Zip Code

54956-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938475

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEITH A. TUCKER

Mailing Address 3831 TURTLE CREEK BOULEVARD  
APARTMENT 14A

City

DALLAS

State

TX

Zip Code

75219-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTURY BRIDGE

Occupation  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957928

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT TUCKER

Mailing Address 5154 PINE LAKE RD

City

WESLEY CHAPEL

State

FL

Zip Code

33543-4459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930897

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2276 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM B. TUCKER**

Mailing Address **PO BOX 5617**

City State Zip Code  
**JACKSON MS 39288-5617**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**L. E. TUCKER & SON INC.**

Occupation  
**LONG HAUL TRUCKING**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13929067

Amount of Each Receipt this Period

**175.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROY H. TUNBY**

Mailing Address **512 S 15TH AVE**

City State Zip Code  
**BOZEMAN MT 59715-4140**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13949272

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM T. TURLINGTON**

Mailing Address **607 SEAPORT BLVD**

City State Zip Code  
**CPE CANAVERAL FL 32920-5043**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 2 / 2 0 1 0**

Transaction ID: SA11.13968361

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**425.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2277 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**CHARLES R. TURNEY**

Mailing Address **1361 E BOOT RD. #265**

City State Zip Code  
**WEST CHESTER PA 19380-5988**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13939618**

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. DONALD C. TURNER**

Mailing Address **1615 BERGIN RD**

City State Zip Code  
**AURORA NC 27806-9314**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13932612**

Amount of Each Receipt this Period

**51.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES R. TURNER**

Mailing Address **4461 WHISPER RUN DR**

City State Zip Code  
**COLLIERVILLE TN 38017-8543**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**340.00**

Date of Receipt

**10 / 29 / 2010**

**Transaction ID: SA11.13961720**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**251.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2278 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JIMMY B. TURNER

Mailing Address 1025 FM 2517

City

CARTHAGE

State

TX

Zip Code

75633-4687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13937219

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JIMMY B. TURNER

Mailing Address 1025 FM 2517

City

CARTHAGE

State

TX

Zip Code

75633-4687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13964637

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LARRY A. TURNER

Mailing Address 4091 E NICHOLAS DR.

City

CASS CITY

State

MI

Zip Code

48726-9047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949085

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2279 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LOUISE M. TURNER

Mailing Address 15318 LINDITA DR.

City

HOUSTON

State

TX

Zip Code

77083-5049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971834

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY S. TURNER

Mailing Address PO BOX 987

City

VALLEY FORGE

State

PA

Zip Code

19482-0987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928051

Amount of Each Receipt this Period

610.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD TURNER

Mailing Address 4729 OLD POST RD.

City

EVANS

State

GA

Zip Code

30809-5833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAIC

Occupation  
INTELLIGENCE COMPUTER SYSTEMS ENG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939296

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2280 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. RICHARD TURNER**

Mailing Address **4729 OLD POST RD.**

City State Zip Code  
**EVANS GA 30809-5833**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SAIC**

Occupation  
**INTELLIGENCE COMPUTER SYSTEMS ENG**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 7 / 2 0 1 0**

Transaction ID: SA11.13969883

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. RICHARD J. TURNER**

Mailing Address **2727 WHITEGATE DR**

City State Zip Code  
**FORT WAYNE IN 46805-2434**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

Transaction ID: SA11.13918815

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. RICHARD J. TURNER**

Mailing Address **2727 WHITEGATE DR**

City State Zip Code  
**FORT WAYNE IN 46805-2434**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952275

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2281 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
 MR. RICHARD J. TURNER

Mailing Address 2727 WHITEGATE DR

City State Zip Code  
**FORT WAYNE IN 46805-2434**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966209

Amount of Each Receipt this Period

41.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
 MR. WARREN H. TURNER

Mailing Address 500 OCEAN DR.  
 APARTMENT W12C

City State Zip Code  
**JUNO BEACH FL 33408-1748**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934072

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 MR. WARREN H. TURNER

Mailing Address 500 OCEAN DR.  
 APARTMENT W12C

City State Zip Code  
**JUNO BEACH FL 33408-1748**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962893

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

141.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2282 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DARLENE M. TURNPAUGH**

Mailing Address **4166 E COUNTY ROAD 800 S**

City State Zip Code  
**WALTON IN 46994-9318**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13944819

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT TUTTERROW**

Mailing Address **11621 HIGHWAY 157**

City State Zip Code  
**RISING FAWN GA 30738-2344**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13928965

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT TUTTERROW**

Mailing Address **11621 HIGHWAY 157**

City State Zip Code  
**RISING FAWN GA 30738-2344**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13937190

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2283 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT TUTTERROW

Mailing Address 11621 HIGHWAY 157

City

RISING FAWN

State

GA

Zip Code

30738-2344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950004

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LEE L. TUTTLE, JR.

Mailing Address 2213 FAIRVIEW STREET

City

HOUSTON

State

TX

Zip Code

77019-6615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962610

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CONRAD J. TUZA

Mailing Address 835 SAVANNAH HWY

City

CHARLESTON

State

SC

Zip Code

29407-7215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13967915

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2284 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERLING TWEDT

Mailing Address 203 S 8TH AVE E

City

LAKE MILLS

State

IA

Zip Code

50450-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950503

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERLING TWEDT

Mailing Address 203 S 8TH AVE E

City

LAKE MILLS

State

IA

Zip Code

50450-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960218

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. TYLER

Mailing Address 2713 FOX GLENN CT

City

HURST

State

TX

Zip Code

76054-2786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941480

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

156.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2285 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARGARET L. TYLER

Mailing Address 6313 ASHMORE LN

City

TYLER

State

TX

Zip Code

75703-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930386

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET L. TYLER

Mailing Address 6313 ASHMORE LN

City

TYLER

State

TX

Zip Code

75703-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951827

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. TYNER

Mailing Address 3730 WOODLANE RD

City

GAINESVILLE

State

GA

Zip Code

30506-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931916

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2286 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DON TYSON

Mailing Address PO BOX 2020

City

SPRINGDALE

State

AR

Zip Code

72765-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TYSON FOODS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957956

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN TYSON

Mailing Address PO BOX 2020

City

SPRINGDALE

State

AR

Zip Code

72765-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TYSON FOODS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957957

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT A. TYSON

Mailing Address PO BOX 501

City

NASHVILLE

State

NC

Zip Code

27856-0501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

TOBACCO FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947752

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2287 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM H. TYSON

Mailing Address 304 E MAIN ST #1-1

City

CAMP HILL

State

PA

Zip Code

17011-6321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.57

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13929846

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HELEN UEBELE

Mailing Address 33419 HIGH DR

City

EAST TROY

State

WI

Zip Code

53120-9620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIS AUTOMATION

Occupation  
FIELD ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955858

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL L. UFFNER

Mailing Address 11309 SHADYWOOD DR

City

BRIGHTON

State

MI

Zip Code

48114-9248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941572

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

251.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2288 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**HELEN G. UITZ**

Mailing Address **244 ASPEN RD.**

City State Zip Code  
**YARDLEY PA 19067-5773**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**284.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954662

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. IRMGARD A. ULLIUS**

Mailing Address **2832 AIRPORT RD**

City State Zip Code  
**PANAMA CITY FL 32405-2850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**401.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952548

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DAVID F. ULLMAN**

Mailing Address **217 HIGHLAND AVE**

City State Zip Code  
**ORANGE NJ 07050-3207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13956006

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**185.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2289 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THEODORE ULLYOT

Mailing Address 1230 LA CUMBRE ROAD

City

HILLSBOROUGH

State

CA

Zip Code

94010-6646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FACEBOOK, INC.

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13955649

Amount of Each Receipt this Period

6500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. REINHARD R. ULRICH

Mailing Address 11309 HUNTOVER DR

City

ROCKVILLE

State

MD

Zip Code

20852-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944446

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. REINHARD R. ULRICH

Mailing Address 11309 HUNTOVER DR

City

ROCKVILLE

State

MD

Zip Code

20852-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955160

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2290 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEPHANIE UMBACH

Mailing Address 2302 LINDEN DR.

City

VALPARAISO

State

IN

Zip Code

46383-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946126

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHANIE UMBACH

Mailing Address 2302 LINDEN DR.

City

VALPARAISO

State

IN

Zip Code

46383-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962913

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

STEPHANIE UMBACH

Mailing Address 2302 LINDEN DR.

City

VALPARAISO

State

IN

Zip Code

46383-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963478

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2291 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROLAND Z. UNANGST

Mailing Address 205 AMBER LN

City

GENESEO

State

IL

Zip Code

61254-9125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931766

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLETIS UNDERWOOD

Mailing Address 3821 BRANDONSHIRE DR

City

SPRINGFIELD

State

IL

Zip Code

62704-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934598

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLETIS UNDERWOOD

Mailing Address 3821 BRANDONSHIRE DR

City

SPRINGFIELD

State

IL

Zip Code

62704-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936254

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2292 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID W. UNDERWOOD

Mailing Address 31 NORTHHAVEN DR

City

JACKSON

State

TN

Zip Code

38305-8111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUGHES EYE CENTER

Occupation

OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943581

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE UNG

Mailing Address 800 GABEL STREET

City

SILVER SPRING

State

MD

Zip Code

20901-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAYS INN

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Transaction ID: SA11.13965165

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LOUISE UNGER

Mailing Address 67 PURDY LANE

City

AMITYVILLE

State

NY

Zip Code

11701-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931328

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

285.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2293 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LOUISE UNGER

Mailing Address 67 PURDY LANE

City

AMITYVILLE

State

NY

Zip Code

11701-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963712

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT UNGER

Mailing Address 7712 RAGALL PKWY

City

CLEVELAND

State

OH

Zip Code

44130-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944719

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT UNGER

Mailing Address 7712 RAGALL PKWY

City

CLEVELAND

State

OH

Zip Code

44130-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946493

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2294 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. UNNERSTALL

Mailing Address 20723 HUNT CLUB DR

City

FRANKFORT

State

IL

Zip Code

60423-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943338

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARCH UNRUH

Mailing Address 8551 HIGH DR.

City

LEAWOOD

State

KS

Zip Code

66206-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941957

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARCH UNRUH

Mailing Address 8551 HIGH DR.

City

LEAWOOD

State

KS

Zip Code

66206-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956547

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2295 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. ARCH UNRUH

Mailing Address 8551 HIGH DR.

City

LEAWOOD

State

KS

Zip Code

66206-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13956602

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CALVIN K. UPP

Mailing Address 212 N ELM ST.

City

WELLINGTON

State

KS

Zip Code

67152-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969220

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RAYMOND URBAN

Mailing Address POB 42

City

DELAWARE

State

OH

Zip Code

43015-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13945199

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

380.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2296 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEE USHER

Mailing Address 216 MOORE RD  
APT 2LCity State Zip Code  
AVON LAKE OH 44012-1240FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13947246

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEE USHER

Mailing Address 216 MOORE RD  
APT 2LCity State Zip Code  
AVON LAKE OH 44012-1240FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13956142

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL NUSCHKE USN

Mailing Address 6932 AUGUSTA NATIONAL

City State Zip Code  
FAYETTEVILLE PA 17222-9410FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959573

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2297 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL C. UTESCH

Mailing Address 3011 KNOLL LN NW

City

ROCHESTER

State

MN

Zip Code

55901-1492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943851

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LESLIE A. UTLAUT

Mailing Address 30335 HIGHWAY 24

City

WAVERLY

State

MO

Zip Code

64096-9106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951025

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL VACCA

Mailing Address P.O. BOX 174

City

SHARON SPGS

State

NY

Zip Code

13459-0174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968293

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

131.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2298 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. STEPHEN J. VACCARO, JR.

Mailing Address 1356 EAGLES TRACE

City

LANCASTER

State

VA

Zip Code

22503-2453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13953063

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN VALDATA

Mailing Address 108 LATHAM CIR

City

SAUGERTIES

State

NY

Zip Code

12477-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13941057

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK VALENTE, III

Mailing Address 600 14TH STREET NW  
VALENTE & ASSOCIATES 5TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20005-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALENTE & ASSOCIATES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961225

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2299 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SUSAN VALERIA BRUNOFF

Mailing Address 334 W CEDAR ST.

City

NEW HOLLAND

State

PA

Zip Code

17557-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946545

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GINA VALITUTTO

Mailing Address 56 CONYINGHAM AVE

City

STATEN ISLAND

State

NY

Zip Code

10301-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957691

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT R. VALLEE

Mailing Address 623 STOLP AVENUE

City

SYRACUSE

State

NY

Zip Code

13207-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958577

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2300 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. VALPEY

Mailing Address 696 CARMELITA ST.

City

PORTERVILLE

State

CA

Zip Code

93257-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971426

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA VAN AMBERG

Mailing Address 101 NEWBERRY LN.

City

HOWELL

State

MI

Zip Code

48843-9567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932602

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BARBARA VAN AMBERG

Mailing Address 101 NEWBERRY LN.

City

HOWELL

State

MI

Zip Code

48843-9567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954408

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

141.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2301 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**LEWIS VAN AMERONGEN**

Mailing Address **45 EAST 62ND ST**

City State Zip Code  
**NEW YORK NY 10065-8014**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LVA ENTERPRISES LLC**

Occupation  
**INVESTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13932354

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. DORINDA W. VAN BURKLEO**

Mailing Address **1400 W IRIS AVE.**

City State Zip Code  
**MCALLEN TX 78501-3959**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**320.00**

Date of Receipt

**11 / 15 / 2010**

Transaction ID: SA11.13968882

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. DEBORAH VAN DORMOLEN**

Mailing Address **1507 HILLTOP CIR**

City State Zip Code  
**SALADO TX 76571-5630**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936914

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2302 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. GARRETT J. VAN GIESSEN

Mailing Address 2417 HEMLOCK AVE.

City

PORTAGE

State

MI

Zip Code

49024-1107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932985

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. D. MICHAEL VAN KONYENBURG

Mailing Address 13681 W. SUNSET BLVD

City

PACIFIC PALISADES

State

CA

Zip Code

90272-4019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EASTDIL SECURED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932249

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CHARLES H. VAN OPPEN

Mailing Address 90 PROSPECT ST

City

ALEXANDRIA

State

LA

Zip Code

71301-5747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933275

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2702.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2303 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. CLARENCE VAN VOORST

Mailing Address 607 BLACK FOREST RD.

City  
HULLState  
IAZip Code  
51239-7486FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONTRACT SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13955840

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

HELMER VAN VUREN

Mailing Address 1424 TIFFANY CIRCLE

City

ROSEVILLE

State

CA

Zip Code

95661-4632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954028

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J. R. VANBUSKIRK

Mailing Address 10240 E PALO BREA DR.

City

SCOTTSDALE

State

AZ

Zip Code

85262-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933545

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

435.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2304 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTIAAN J. VANDENBERG

Mailing Address 7951 E MAPLEWOOD AVE  
STE 327

City State Zip Code  
GREENWOOD VILLAGE CO 80111-4774

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Q DATA USA, INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13967721

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN N. VANDERSCHAAF

Mailing Address 97 CANVASBACK CT

City State Zip Code  
BREVARD NC 28712-9108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931803

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LINDA S. VANDERGALIEN

Mailing Address P.O. BOX 144

City State Zip Code  
RANDOLPH WI 53956-0144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929119

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2305 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LINDA S. VANDERGALIEN

Mailing Address P.O. BOX 144

City

RANDOLPH

State

WI

Zip Code

53956-0144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13971797

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT VANDERBROUK

Mailing Address 41 W 86TH ST

City

NEW YORK

State

NY

Zip Code

10024-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYSE EURONEXT

Occupation

GLOBAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13918889

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEY VANDERBURG

Mailing Address 1205 VALLEY DRIVE

City

FESTUS

State

MO

Zip Code

63028-1067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13946784

Amount of Each Receipt this Period

31.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

321.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2306 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS VANDERVORT

Mailing Address 212 POWDER HOUSE BLVD

City

SOMERVILLE

State

MA

Zip Code

02144-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTEK

Occupation

PRODCUCT MANAGER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

628.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13955652

Amount of Each Receipt this Period

339.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES M. VANDIVIER

Mailing Address 2830 LAKE FOREST DR.

City

INDIANAPOLIS

State

IN

Zip Code

46268-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARE GRP.

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: SA11.13970061

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID O. VANEENENAAM

Mailing Address 429 FLOWER AVENUE W.

City

WATERTOWN

State

NY

Zip Code

13601-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13932599

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

415.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2307 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID O. VANEENENAAM

Mailing Address 429 FLOWER AVENUE W.

City

WATERTOWN

State

NY

Zip Code

13601-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962579

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DONNA L. VANIER

Mailing Address P.O. BOX 37

City

BROOKVILLE

State

KS

Zip Code

67425-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951992

Amount of Each Receipt this Period

339.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DONNA L. VANIER

Mailing Address P.O. BOX 37

City

BROOKVILLE

State

KS

Zip Code

67425-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957388

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

489.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2308 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VERNON VANIS

Mailing Address 15903 MAPLEHURST DR

City  
SPRING

State

TX

Zip Code

77379-6845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LION COPOLYMER

Occupation

R&amp;D DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13938543

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MAURICE VANNOTE

Mailing Address 2926 PALO MARSH RD.

City  
PALO

State

IA

Zip Code

52324-9638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: SA11.13969276

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANE VANSANTEN

Mailing Address 12 LANA LN UNIT A

City  
HOUSTON

State

TX

Zip Code

77027-5640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13960716

Amount of Each Receipt this Period

45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2309 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ARIE J. VANWINGERDEN

Mailing Address 928 VINE AVE

City

SUNNYSIDE

State

WA

Zip Code

98944-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNNYSIDE COMMUNITY HOSPI-  
TAL

Occupation

PHARMASIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930677

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD B. VARNER

Mailing Address 22 ATHEM DRIVE

City

GLEN COVE

State

NY

Zip Code

11542-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939199

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOTHAR A. VASHOLZ

Mailing Address 37309 PINEKNOLL AVE

City

PALM DESERT

State

CA

Zip Code

92211-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13954350

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2310 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DUDLEY J. VAUGHAN, III

Mailing Address 94 RALPHS CT.

City

MARTINSBURG

State

WV

Zip Code

25404-0663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950519

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERBERT VAUGHAN

Mailing Address 10 LONGWOOD DR. APT. 464  
APT 464

City

WESTWOOD

State

MA

Zip Code

02090-1146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963543

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JUANITA C. VAUGHN

Mailing Address 69 EMBERS DR

City

HIGHLANDS

State

NC

Zip Code

28741-8943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931388

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2311 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KYLE N. VAUGHT

Mailing Address 5452 SIERRA ROJA RD

City

IRVINE

State

CA

Zip Code

92603-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

AEROSPACE CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951516

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LLOYD VAUGHAN

Mailing Address 11817 BUFFALO CREEK PL

City

DALLAS

State

TX

Zip Code

75230-2355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VAUGHAN HOLLAND CONSULT

Occupation

CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928417

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. C. DEAN VAUSBINDER

Mailing Address 23848 CORTE EMERADO

City

MURRIETA

State

CA

Zip Code

92562-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965221

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2312 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

L T. VEATCH

Mailing Address 8801 FAWN TRAIL CT

City

DERBY

State

KS

Zip Code

67037-9705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMPRISE FINANCIAL CORP

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955152

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BUTCH VEAZEY

Mailing Address 950 SYMPHONY ST.

City

LAKE FOREST

State

IL

Zip Code

60045-4232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VIDEO PRODUCER/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951666

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROLINE VELDHOUSE

Mailing Address 3500 S KING ST  
LOT 22

City

DENVER

State

CO

Zip Code

80236-6166

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929513

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2313 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. NANCY VENCIL**

Mailing Address **2254 OLD HOLLOW RD**

City State Zip Code  
**MECHANICSBURG PA 17055-9219**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 1 / 2 0 1 0**

Transaction ID: SA11.13960783

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MONIQUE VERBEKE**

Mailing Address **206 E MORNINGSIDE DR.**

City State Zip Code  
**PEORIA IL 61614-2133**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941981

Amount of Each Receipt this Period

1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MONIQUE VERBEKE**

Mailing Address **206 E MORNINGSIDE DR.**

City State Zip Code  
**PEORIA IL 61614-2133**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954648

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

161.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2314 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MONIQUE VERBEKE

Mailing Address 206 E MORNINGSIDE DR.

City

PEORIA

State

IL

Zip Code

61614-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955289

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MONIQUE VERBEKE

Mailing Address 206 E MORNINGSIDE DR.

City

PEORIA

State

IL

Zip Code

61614-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965494

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DON VERNON

Mailing Address 1448 SNATA LUISA DR

City

SOLANA BEACH

State

CA

Zip Code

92075-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930378

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2315 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LAURA VEROS

Mailing Address P.O. BOX 1018

City

WURTSBORO

State

NY

Zip Code

12790-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SULLIVANT COUNTY VOCS

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957384

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SALVATORE PATRICK VETERE

Mailing Address 16338 87 STREET

City

HOWARD BEACH

State

NY

Zip Code

11414-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960889

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN VETOICH

Mailing Address 293 SPRING RUN ROAD

City

CRESCENT

State

PA

Zip Code

15046-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932611

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2316 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MARK VIAN**

Mailing Address **22406 HIDDEN RANCH**

City State Zip Code  
**AUBURN CA 95602-8551**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**BROACH MASTERS**

Occupation  
**BUSINESS OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13929227

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. JOAQUIM D. VICENTE**

Mailing Address **75 SHADY RIVER CIR**

City State Zip Code  
**SACRAMENTO CA 95831-2518**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13966675

Amount of Each Receipt this Period

26.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. BILLY J. VICIC**

Mailing Address **5300 HOLLISTER  
SUITE 530**

City State Zip Code  
**HOUSTON TX 77040-6138**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**BLACKSTONE INSURANCE SERV-  
ICES, INC.**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13957936

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2626.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2317 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ACIE VICKERS

Mailing Address 9441 NEWBRIDGE DRIVE

City

POTOMAC

State

MD

Zip Code

20854-4460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIGITAL

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930351

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ACIE VICKERS

Mailing Address 9441 NEWBRIDGE DRIVE

City

POTOMAC

State

MD

Zip Code

20854-4460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIGITAL

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.13947684

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ACIE VICKERS

Mailing Address 9441 NEWBRIDGE DRIVE

City

POTOMAC

State

MD

Zip Code

20854-4460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIGITAL

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13969874

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2318 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID VICKERS

Mailing Address 1811 DRAKE LANE

City

LONDON

State

KY

Zip Code

40741-9751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EDWARD D JONES & CO. L.P.

Occupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931473

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DEBBIE DENICE VICKERS

Mailing Address 111 ROCHELLE ST.  
BOX 39

City

BRADY

State

TX

Zip Code

76825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935495

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH M. VIDMAR

Mailing Address P.O. BOX 3413

City

KINGMAN

State

AZ

Zip Code

86402-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928358

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2319 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH M. VIDMAR

Mailing Address P.O. BOX 3413

City

KINGMAN

State

AZ

Zip Code

86402-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940958

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOSEPH M. VIDMAR

Mailing Address P.O. BOX 3413

City

KINGMAN

State

AZ

Zip Code

86402-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944397

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JEFFREY W. VIETH

Mailing Address 10935 COUNTY HIGHWAY I

City

SPARTA

State

WI

Zip Code

54656-6450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIETH CONSTRUCTIONOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951552

Amount of Each Receipt this Period

510.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

580.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2320 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEONARD VIGIL

Mailing Address 121 CARLITO RD NW

City

ALBUQUERQUE

State

NM

Zip Code

87107-6011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971618

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DOROTHY VILLARD

Mailing Address 10101 BRIGADOON ROSE ST

City

BAKERSFIELD

State

CA

Zip Code

93311-3752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951645

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANCESKA A. VILLARE

Mailing Address 560 MANTUA AVE

City

PAULSBORO

State

NJ

Zip Code

08066-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937120

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2321 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCESKA A. VILLARE

Mailing Address 560 MANTUA AVE

City

PAULSBORO

State

NJ

Zip Code

08066-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13943406

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANCESKA A. VILLARE

Mailing Address 560 MANTUA AVE

City

PAULSBORO

State

NJ

Zip Code

08066-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13944535

Amount of Each Receipt this Period

38.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANCESKA A. VILLARE

Mailing Address 560 MANTUA AVE

City

PAULSBORO

State

NJ

Zip Code

08066-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972959

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

113.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2322 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID W. VINCENT

Mailing Address 603 E DIVISION ST

City

JENNINGS

State

LA

Zip Code

70546-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931799

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN VINCELLI

Mailing Address 910 CAMERON BRIDGE DRIVE

City

AMERY

State

WI

Zip Code

54001-5231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL FOAMOccupation  
PLANT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955922

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COL. GEORGE C. VINEY

Mailing Address 7400 CRESTWAY DRIVE  
APARTMENT 703

City

SAN ANTONIO

State

TX

Zip Code

78239-3089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13959547

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

245.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2323 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. KATHRYN A. VINEYARD**

Mailing Address **791 BELLEROSE DR**

City State Zip Code  
**SAN JOSE CA 95128-1414**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**385.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13951376

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ANDRE VIOLA**

Mailing Address **7006 CARDIN RD**

City State Zip Code  
**PHILADELPHIA PA 19128-1508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13939198

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ANDRE VIOLA**

Mailing Address **7006 CARDIN RD**

City State Zip Code  
**PHILADELPHIA PA 19128-1508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13942285

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**160.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2324 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA M. VIRKLER

Mailing Address 2421 OCEAN SHORE CRES APT 401

City

VIRGINIA BEACH

State

VA

Zip Code

23451-1282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932200

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA M. VIRKLER

Mailing Address 2421 OCEAN SHORE CRES APT 401

City

VIRGINIA BEACH

State

VA

Zip Code

23451-1282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13971053

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOUIS VIZZACCARO

Mailing Address 21404 18TH AVE  
FL 1

City

BAYSIDE

State

NY

Zip Code

11360-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALAIDIUM BUILDERS INCORP-  
ORATED

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928810

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2325 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
FRANCES I. VOELKLE

Mailing Address P.O. BOX 34

City  
SHERMANState  
TXZip Code  
75091-0034FEC ID number of contributing  
federal political committee.**C**Name of Employer  
VFW POST 2772Occupation  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940146

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. FARREL VOGELHUT

Mailing Address 39 BRAINARD ROAD

City  
WEST HARTFORDState  
CTZip Code  
06117-2203FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UNITED TECHNOLOGIES CORP.Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945192

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. FARREL VOGELHUT

Mailing Address 39 BRAINARD ROAD

City  
WEST HARTFORDState  
CTZip Code  
06117-2203FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UNITED TECHNOLOGIES CORP.Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945255

Amount of Each Receipt this Period

39.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

138.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2326 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEONARD H. VOGEL

Mailing Address 2825 BLOOMFIELD RD

City

CAPE GIRARDEAU

State

MO

Zip Code

63703-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931823

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SHERMAN C. VOGEL

Mailing Address 7110 MELROSE CASTLE LN

City

BOCA RATON

State

FL

Zip Code

33496-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932702

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH VOGES

Mailing Address 11113 OBST RD.

City

RED BUD

State

IL

Zip Code

62278-4225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956575

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2327 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. FREDERICK W. VOGT

Mailing Address 15310 NE 14TH PLACE

City State Zip Code  
WILLISTON FL 32696-8632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931784

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. RONALD VOIGT

Mailing Address 3216 NESTLEWOOD DR

City State Zip Code  
OAK HILL VA 20171-3933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943522

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. HELEN R. VOLCKMANN

Mailing Address 306 PROSPECT ST

City State Zip Code  
MORRISON IL 61270-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952913

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

385.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2328 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. CHERYL A. VOLESKY

Mailing Address 1004 BARBI CT

City State Zip Code  
CASTLE ROCK CO 80104-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOUGLAS CO SCHOOL DIST

Occupation  
EDUCATIONAL ASST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931444

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. JOEL G. VOLLE

Mailing Address 836 N SUMMIT ST

City State Zip Code  
WHEATON IL 60187-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957699

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
CLYDE VON DER

Mailing Address 226 S RIMPAU BLVD.

City State Zip Code  
LOS ANGELES CA 90004-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950161

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2329 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OLAF T. VON RAMM

Mailing Address 4718 HARMONY CHURCH RD

City

EFLAND

State

NC

Zip Code

27243-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUKE UNIVERSITY

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13918427

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. VOORHEES

Mailing Address 12928 GREENSWITCH RD

City

MAROA

State

IL

Zip Code

61756-9018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964427

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALTER L. VOSHEL

Mailing Address P.O. BOX 325

City

LOWELL

State

OH

Zip Code

45744-0325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961850

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2330 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE VRADENBURG, II

Mailing Address 2901 WOODLAND DRIVE NW

City

WASHINGTON

State

DC

Zip Code

20008-3542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICA ONLINE

Occupation  
SENIOR VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13966028

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAT D. VYAS

Mailing Address P.O. BOX 11100

City

HONOLULU

State

HI

Zip Code

96828-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATRICK VYAS CPA, INC.

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963671

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VERA C. WACHTER

Mailing Address 1225 LUTHER LN APT 245D

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60004-8133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928269

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2331 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN WADDELL

Mailing Address 12080 MELLON BRIDGE RD

City

PLATTE CITY

State

MO

Zip Code

64079-8141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966810

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATTI WADDELL

Mailing Address 12080 MELLON BRIDGE RD

City

PLATTE CITY

State

MO

Zip Code

64079-8141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORTLAND HEALTH SYSTEMS

Occupation  
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929482

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHAREE WADDLE

Mailing Address 4322 CRESCENT AVE

City

CYPRESS

State

CA

Zip Code

90630-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962563

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2332 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DON W. WADE

Mailing Address 6 LINDA VIS

City

ORINDA

State

CA

Zip Code

94563-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956348

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAL WADE

Mailing Address 1377 MCDANIEL RD

City

CLARKSVILLE

State

TN

Zip Code

37043-7932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUSTOM GUNSMITHING

Occupation  
GUN SMITH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961074

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY S. WAGGONER

Mailing Address 11611 POINTER RIDGE LANE

City

CYPRESS

State

TX

Zip Code

77433-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955970

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2650.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2333 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL M. WAGGONER

Mailing Address 600 E 73RD AVE

City

HUTCHINSON

State

KS

Zip Code

67502-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAGGONERS INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13949824

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WAYNE WAGGONER

Mailing Address 1616 CEDAR ST. # 19D

City

LAWRENCEVILLE

State

IL

Zip Code

62439-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13941887

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. EDITH B. WAGNER

Mailing Address 7181 2ND ST

City

W BLOOMFIELD

State

MI

Zip Code

48324-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13947827

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

295.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2334 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER E. WAGNER

Mailing Address P.O. BOX 192

City

TWIN FALLS

State

ID

Zip Code

83303-0192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAGNER TRANSPORTATION CO.

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13946430

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS W. WAGNER

Mailing Address 30692 CONE COVE LN

City

PARK RAPIDS

State

MN

Zip Code

56470-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13963986

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KARON L. WAGONER

Mailing Address 7712 REDBERRY STREET NW

City

ALBUQUERQUE

State

NM

Zip Code

87120-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAMC

Occupation

REGISTERED NURSE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928912

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2335 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAROL L. WAHL

Mailing Address 8315 FAIRWAY LN.

City

ROGERS

State

AR

Zip Code

72756-8079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948385

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID WAHL

Mailing Address 102 WOODMONT WAY

City

RIDGELAND

State

MS

Zip Code

39157-8618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937882

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGER WAHL DICK

Mailing Address 5510 RIVER BLUFF DRIVE

City

MINNEAPOLIS

State

MN

Zip Code

55437-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948317

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

551.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2336 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. LAMBERT K. WAI

Mailing Address 3921 GAIL ST

City

HONOLULU

State

HI

Zip Code

96815-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939338

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN T. WAID

Mailing Address 118 FOX HOLLOW DR

City

METAMORA

State

MI

Zip Code

48455-8990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13935715

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ELEANOR B. WAITE

Mailing Address 16655 LAKE CIRCLE DRIVE

City

STRONGSVILLE

State

OH

Zip Code

44136-2470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966788

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2337 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE WALCHLI

Mailing Address 16915 KETCHAM LANE

City

LINDEN

State

CA

Zip Code

95236-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945311

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KENNETH WALDO

Mailing Address 1000 DEERFIELD RD

City

RALEIGH

State

NC

Zip Code

27609-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

517.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945291

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. C. ERNEST WALES

Mailing Address 8906 CARVEL LANE

City

HOUSTON

State

TX

Zip Code

77036-6124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965660

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2338 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL WALES

Mailing Address 13 ARCADIA RD

City

OLD GREENWICH

State

CT

Zip Code

06870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GAIL DADDY

Occupation

INDUSTRIALIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13930126

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAVID WATSON WALKER

Mailing Address 95020 SPINNAKER COURT

City

FERNANDINA BEACH

State

FL

Zip Code

32034-4392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	1	0

Transaction ID: SA11.13947636

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EMORY J. WALKER

Mailing Address 6008 BRIARWOOD LN

City

FRISCO

State

TX

Zip Code

75034-1862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13929901

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

501.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2339 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**F. WALKER**

Mailing Address **12053 EDGESTONE RD**

City State Zip Code  
**DALLAS TX 75230-2340**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930357

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**JAMES E. WALKER, SR.**

Mailing Address **4036 HEALY CT.**

City State Zip Code  
**SAINT LOUIS MO 63123-7743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952371

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**JAMES E. WALKER, SR.**

Mailing Address **4036 HEALY CT.**

City State Zip Code  
**SAINT LOUIS MO 63123-7743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972083

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**230.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2340 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN HOLLIS WALKER

Mailing Address 3102 BARCODY RD SE

City

HUNTSVILLE

State

AL

Zip Code

35802-1146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPORTMED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13955655

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOUIS WALKER

Mailing Address 732 AMELIA AVE

City

BROWNSVILLE

State

OR

Zip Code

97327-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941142

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOUIS WALKER

Mailing Address 732 AMELIA AVE

City

BROWNSVILLE

State

OR

Zip Code

97327-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951211

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2341 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LOUIS WALKER

Mailing Address 732 AMELIA AVE

City

BROWNSVILLE

State

OR

Zip Code

97327-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951694

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOUIS WALKER

Mailing Address 732 AMELIA AVE

City

BROWNSVILLE

State

OR

Zip Code

97327-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952048

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOUIS WALKER

Mailing Address 732 AMELIA AVE

City

BROWNSVILLE

State

OR

Zip Code

97327-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953355

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2342 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MERRILL WALKER

Mailing Address 1058 TITHING VIEW CT

City

RIVERTON

State

UT

Zip Code

84065-7006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939943

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVE WALKER

Mailing Address 1011 SUN VALLEY CT

City

GREENSBORO

State

GA

Zip Code

30642-3881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955883

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE WALL

Mailing Address 4121 SOUTH FOUR MILE RUN DRIVE  
#401

City

ARLINGTON

State

VA

Zip Code

22204-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDMAN SACHS

Occupation  
ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959396

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2343 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CELIA A. WALLACE

Mailing Address 367 CHARLESTON CT

City

MOBILE

State

AL

Zip Code

36608-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959103

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD C. WALLACE

Mailing Address 3847 VIA MONDO

City

LOMPOC

State

CA

Zip Code

93436-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIR FORCE

Occupation

VIDEO CONFERENCE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929581

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY WALLER

Mailing Address 3073 FM 2602

City

VALLEY MILLS

State

TX

Zip Code

76689-3461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936896

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2344 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. SALVADOR B. WALLER**

Mailing Address **29793 HILLARY AVE**

City State Zip Code  
**EASTON MD 21601-4893**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13937265

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**EMILY P. WALLING**

Mailing Address **P.O. BOX 415**

City State Zip Code  
**FORT SUMNER NM 88119-0415**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 18 / 2010**

Transaction ID: SA11.13971359

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS C. WALLWAY**

Mailing Address **15859 DONNER PASS RD**

City State Zip Code  
**TRUCKEE CA 96161**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**OWNER**

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13918426

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**135.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2345 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. WALSH

Mailing Address P.O. BOX 11450

City

JACKSON

State

WY

Zip Code

83002-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13965200

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH E. WALSH

Mailing Address 12 BITTERSWEET TRL

City

WILTON

State

CT

Zip Code

06897-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELITE SALES & MARKETING

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938460

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH E. WALSH

Mailing Address 12 BITTERSWEET TRL

City

WILTON

State

CT

Zip Code

06897-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELITE SALES & MARKETING

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 1 0

Transaction ID: SA11.13971526

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2346 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LORETTA WALSH

Mailing Address 210 LAKEWOOD DR

City

KERRVILLE

State

TX

Zip Code

78028-6517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951304

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. WALSH

Mailing Address 43 KNOB HILL RD

City

GLASTONBURY

State

CT

Zip Code

06033-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13954601

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. WALSH

Mailing Address 43 KNOB HILL RD

City

GLASTONBURY

State

CT

Zip Code

06033-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957385

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2347 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES O. WALTERS**

Mailing Address **1802 FOX POINT CIRCLE**

City State Zip Code  
**PORT BYRON IL 61275-9585**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13943596

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN L. WALTER**

Mailing Address **104 FRONT STREET**

City State Zip Code  
**CENTREVILLE MD 21617-2660**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938484

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. JULIE WALTER**

Mailing Address **1001 SW 5TH AVE STE 1200**

City State Zip Code  
**PORTLAND OR 97204-1128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BEOVICH WALTER & FRIEND INC.**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 12 / 2010**

Transaction ID: SA11.13967724

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**550.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2348 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. MARTIN S. WALTEMYER

Mailing Address 567 RIVIERA DR.

City

**WILLIAMSTOWN**

State

**NJ**

Zip Code

**08094-3078**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**352.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11.13946664**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)

MR. MARTIN S. WALTEMYER

Mailing Address 567 RIVIERA DR.

City

**WILLIAMSTOWN**

State

**NJ**

Zip Code

**08094-3078**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**352.00**

Date of Receipt

**11 / 18 / 2010**

**Transaction ID: SA11.13971286**

Amount of Each Receipt this Period

**25.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)

LEONIE M. WALTHER

Mailing Address 15006 SW 127TH CIR PL N

City

**MIAMI**

State

**FL**

Zip Code

**33186-6344**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MIAMI-DADE PUBLIC LIBRARY  
 SYSTEM**

Occupation  
**LIBRARIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**480.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956002**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**100.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2349 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL WALTHER

Mailing Address 2441 BELLEVUE AVE

City

DAYTONA BEACH

State

FL

Zip Code

32114-5615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DMEAUTOMOTIVE

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918898

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA WALTHER

Mailing Address 6206 N KIRKWOOD AVE

City

CHICAGO

State

IL

Zip Code

60646-5026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956782

Amount of Each Receipt this Period

275.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EUGENE F. WAMBOLD

Mailing Address PO BOX 510419

City

KEY COLONY BEACH

State

FL

Zip Code

33051-0419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945356

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2350 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK A. WAMP

Mailing Address 2226 S PINEY POINT RD

City

HOUSTON

State

TX

Zip Code

77063-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.13960690

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KAREN S. WARD

Mailing Address P.O. BOX 65

City

BATTIEST

State

OK

Zip Code

74722-0065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936899

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MYRA B. WARD

Mailing Address 900 BROOKSIDE DRIVE

City

ENID

State

OK

Zip Code

73703-6941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL & GAS INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932329

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2351 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER C. WARD

Mailing Address 7474 NOEL ROAD

City

INDIANAPOLIS

State

IN

Zip Code

46278-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HNTB CORP

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945945

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN B. WARD

Mailing Address 1980 WASHINGTON ST  
APT 803

City

SAN FRANCISCO

State

CA

Zip Code

94109-2987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARLES SCHWAB

Occupation  
INVESTMENT MGR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947744

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ARMANDA WARDE

Mailing Address 12 ELM PL

City

BERKELEY HTS

State

NJ

Zip Code

07922-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRRCHILL

Occupation  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951467

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2352 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID WARLICK

Mailing Address 15 ABENAKI WAY

City

KENNEBUNKPORT

State

ME

Zip Code

04046-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931709

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EDITH R. WARNER

Mailing Address 18 LINCOLN STREET

City

WEST HAVEN

State

CT

Zip Code

06516-4817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935720

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. WARNER, JR.

Mailing Address P.O. BOX 2929

City

LA JOLLA

State

CA

Zip Code

92038-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952955

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

390.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2353 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY G. WARREN

Mailing Address 100 NORTH BROADWAY  
SUITE 3100

City State Zip Code  
OKLAHOMA CITY OK 73102-8602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENERGY FINANCIAL

Occupation  
OIL & GAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928419

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BETTY J. WARREN

Mailing Address 129 YOUNG DR

City State Zip Code  
SMYRNA TN 37167-5306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALL 1 CONSTRUCTION INC

Occupation  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959258

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MACK M. WARREN

Mailing Address 5028 BELLA TERRA DR.

City State Zip Code  
VENICE FL 34293-6078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929785

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

645.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2354 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SIDNEY R. WARREN

Mailing Address 25 GROSVENOR RD.

City

BUFFALO

State

NY

Zip Code

14223-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13950069

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

REV. AUSTIN R. WARRINER

Mailing Address 23141 104TH ST

City

LIVE OAK

State

FL

Zip Code

32060-5834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13932038

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REV. AUSTIN R. WARRINER

Mailing Address 23141 104TH ST

City

LIVE OAK

State

FL

Zip Code

32060-5834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935034

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2355 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK A. WASSERMAN

Mailing Address 14732 HUSTON ST

City

SHERMAN OAKS

State

CA

Zip Code

91403-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MITCHELL SILVERBURG & KNU-  
PP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11.13960675

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LOUIS J. WATEMBACH

Mailing Address 102 PINE UNIT RD.

City

WIBAUX

State

MT

Zip Code

59353-9123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROGER TVED AND TRUCKING

Occupation  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959442

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELMER WATERMAN

Mailing Address 4523 NW GREEN HILLS RD

City

TOPEKA

State

KS

Zip Code

66618-5814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928013

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2356 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE R. WATERMAN

Mailing Address 120 PEMBERTON PL.

City

HOPKINSVILLE

State

KY

Zip Code

42240-9382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933093

Amount of Each Receipt this Period

36.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RANDOLPH H. WATERFIELD

Mailing Address 48 AUBURN RD

City

LONG BCH TWP

State

NJ

Zip Code

08008-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13930643

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDOLPH H. WATERFIELD

Mailing Address 48 AUBURN RD

City

LONG BCH TWP

State

NJ

Zip Code

08008-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13932425

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1236.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2357 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELAINE B. WATKINS

Mailing Address P.O. BOX 157

City

GUY

State

AR

Zip Code

72061-0157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943575

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELAINE B. WATKINS

Mailing Address P.O. BOX 157

City

GUY

State

AR

Zip Code

72061-0157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956616

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANK WATKINS

Mailing Address P.O. BOX 1

City

ARVIN

State

CA

Zip Code

93203-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971350

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2358 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARGARET A. WATKINS

Mailing Address 213 JUDITH DR.

City

SUMMERVILLE

State

SC

Zip Code

29485-8833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13952458

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WALTER F. WATKINS

Mailing Address 1870 BRIDLE RIDGE TRCE

City

ROSWELL

State

GA

Zip Code

30075-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APOLLO MDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1745.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13942907

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WALTER F. WATKINS

Mailing Address 1870 BRIDLE RIDGE TRCE

City

ROSWELL

State

GA

Zip Code

30075-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APOLLO MDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1745.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: SA11.13972057

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

185.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2359 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. FRANK M. WATSON**

Mailing Address **228 HAPPY HOLLOW RD.**

City State Zip Code  
**DOVER TN 37058-5722**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**10 / 27 / 2010**

Transaction ID: SA11.13958478

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**THE HONORA J. C. WATTS, JR.**

Mailing Address **3512 ROSE CREST LANE**

City State Zip Code  
**FAIRFAX VA 22033-1636**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**J.C. WATTS CO.**

Occupation  
**INVESTMENTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13966026

Amount of Each Receipt this Period

**1500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT W. WAUGH**

Mailing Address **626 E TAM OSHANTER DR**

City State Zip Code  
**PHOENIX AZ 85022-4219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**401.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950985

Amount of Each Receipt this Period

**70.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1600.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2360 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT W. WAUGH**

Mailing Address **626 E TAM OSHANTER DR**

City State Zip Code  
**PHOENIX AZ 85022-4219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**401.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950988

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. JILL WAY**

Mailing Address **3234 SW UPPER DRIVE**

City State Zip Code  
**PORTLAND OR 97201-1771**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**644.00**

Date of Receipt

**10 / 22 / 2010**

Transaction ID: SA11.13950131

Amount of Each Receipt this Period

**235.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**ANNABELLE WAYMAN**

Mailing Address **4057 CARLTON AVE**

City State Zip Code  
**CENTRAL POINT OR 97502-1749**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**266.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936011

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**237.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2361 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS S. WEART

Mailing Address 3201 MCHENRY DR

City

SAN ANTONIO

State

TX

Zip Code

78239-3083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936820

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. WEATHERBY

Mailing Address 2301 WILLEYS LAKE RD.

City

CUSTER

State

WA

Zip Code

98240-9715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933189

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL WEAVER

Mailing Address 13209 NW 8TH AVE. APT. D

City

VANCOUVER

State

WA

Zip Code

98685-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931857

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

141.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2362 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. R. SCOTT WEAVER**

Mailing Address **546 MOREBORO ROAD**

City State Zip Code  
**HATBORO PA 19040-3953**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RELIANCE STANDARD LIFE IN-  
 SURANCE**

Occupation  
**IT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 17 / 2010**

**Transaction ID: SA11.13928781**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**C. CLARK WEBB**

Mailing Address **31 UNION SQUARE WEST**

City State Zip Code  
**NEW YORK NY 10003-3203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELECT EQUITY GROUP**

Occupation  
**ANALYST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13955961**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**CLARK WEBB**

Mailing Address **31 UNION SQUARE WEST**

City State Zip Code  
**NEW YORK NY 10003-3203**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELECT EQUITY GROUP**

Occupation  
**ANALYST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 19 / 2010**

**Transaction ID: SA11.13932349**

Amount of Each Receipt this Period

**250.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2363 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. HARRY E. WEBB

Mailing Address 6225 BROOKSIDE BLVD

City

KANSAS CITY

State

MO

Zip Code

64113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934804

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH H. WEBB

Mailing Address 3061 CRATER DR.

City

LAKE HAVASU CITY

State

AZ

Zip Code

86404-1487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946772

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH H. WEBB

Mailing Address 3061 CRATER DR.

City

LAKE HAVASU CITY

State

AZ

Zip Code

86404-1487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964874

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

441.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2364 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JON S. WEBBER

Mailing Address 1227 SOMERSET FIELD DR.

City

CHESTERFIELD

State

MO

Zip Code

63005-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936037

Amount of Each Receipt this Period

6.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MILDRED WEBBER

Mailing Address 2908 45TH STREET, NW

City

WASHINGTON

State

DC

Zip Code

20016-3559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13957624

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GLADYS A. WEBER

Mailing Address 204 E. SUSQUEHANNA AVE.

City

TOWSON

State

MD

Zip Code

21286-5436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968952

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1026.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2365 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. GLADYS A. WEBER**

Mailing Address **204 E. SUSQUEHANNA AVE.**

City State Zip Code  
**TOWSON MD 21286-5436**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 1 7 / 2 0 1 0**

Transaction ID: SA11.13969996

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**PAUL WEBER**

Mailing Address **308 GREENBRIAR LN.**

City State Zip Code  
**WEST GROVE PA 19390-9490**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13934811

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**PAUL WEBER**

Mailing Address **308 GREENBRIAR LN.**

City State Zip Code  
**WEST GROVE PA 19390-9490**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954581

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2366 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STANLEY J. WEBER

Mailing Address 3082 BOLGOS CIR

City

ANN ARBOR

State

MI

Zip Code

48105-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941073

Amount of Each Receipt this Period

16.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK L. WEBSTER, III

Mailing Address 4026 BOWSER AVE APT 209  
APARTMENT 209

City

DALLAS

State

TX

Zip Code

75219-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939043

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. WEEKS

Mailing Address 595 CONCORD AVE

City

BELMONT

State

MA

Zip Code

02478-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939275

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

217.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2367 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RANDALL WEEKS

Mailing Address 4934 E 2ND AVENUE

City

DENVER

State

CO

Zip Code

80220-6307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVIS GRAHAM & STUBBS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937462

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GENE WEHKING

Mailing Address 9528 TRINADAD LN

City

SAINT LOUIS

State

MO

Zip Code

63126-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938577

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ART WEHR

Mailing Address 2143 LAVENDER HILL CT

City

LINCOLN

State

CA

Zip Code

95648-8721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937290

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2368 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EILEEN WEICHER

Mailing Address 537 N EUCLID AVE

City

OAK PARK

State

IL

Zip Code

60302-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13945281

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BEVERLY WEIDENDORF

Mailing Address 22792 MAYFIELD STREET

City

FARMINGTON

State

MI

Zip Code

48336-3959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941774

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY WEIDIG

Mailing Address 3819 S 18TH. ST.

City

SHEBOYGAN

State

WI

Zip Code

53081-7111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13928547

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2369 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ENEZ WEILER

Mailing Address 10015 W ROYAL OAK RD APT 24

City State Zip Code  
SUN CITY AZ 85351-3164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934297

Amount of Each Receipt this Period

41.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ENEZ WEILER

Mailing Address 10015 W ROYAL OAK RD APT 24

City State Zip Code  
SUN CITY AZ 85351-3164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935527

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT D. WEINBERG

Mailing Address 3565 85TH ST  
APARTMENT 1F

City State Zip Code  
JACKSON HTS NY 11372-5553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948888

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

141.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2370 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D. WEINBERG

Mailing Address 3565 85TH ST  
APARTMENT 1F

City State Zip Code  
JACKSON HTS NY 11372-5553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957686

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN WEINHOLTZ

Mailing Address 401 9TH STREET, NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20004-2145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NIXON & PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968689

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOANNE F. WEINOE

Mailing Address 9301 LAUREL CANYON BLVD

City State Zip Code  
ARLETA CA 91331-4315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOLDEN STATE MAGNETIC INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947812

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2371 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID C. WEINSTEIN

Mailing Address 158 COTTON STREET

City

NEWTON

State

MA

Zip Code

02458-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13959328

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD WEIS

Mailing Address 8237 RIDGEWAY AVE

City

SKOKIE

State

IL

Zip Code

60076-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALGREENS COMPANY

Occupation

GROCERY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966275

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LAVERNE WEISKOPF

Mailing Address 1705 MADISON AVE

City

WASHINGTON

State

MO

Zip Code

63090-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13961073

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15475.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2372 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS WEISSING

Mailing Address 12401 N 22ND STREET  
APT. C107

City State Zip Code  
TAMPA FL 33612-4696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957105

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS WEISSING

Mailing Address 12401 N 22ND STREET  
APT. C107

City State Zip Code  
TAMPA FL 33612-4696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966395

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNIS WEISSING

Mailing Address 12401 N 22ND STREET  
APT. C107

City State Zip Code  
TAMPA FL 33612-4696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971444

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2373 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. MARK G. WEISSHAAR

Mailing Address 9112 ALTON PARKWAY

City State Zip Code  
SILVER SPRING MD 20910-1635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945243

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. MARK G. WEISSHAAR

Mailing Address 9112 ALTON PARKWAY

City State Zip Code  
SILVER SPRING MD 20910-1635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957950

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. MARK S. WEISSENFELS

Mailing Address 910 TAFT AVE

City State Zip Code  
EAU CLAIRE WI 54701-6549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931755

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2374 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MELITTA WEISS

Mailing Address 2185 GUTHRIE DR

City

LOS ANGELES

State

CA

Zip Code

90034-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930198

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAULA WEISS

Mailing Address 8918 ELKINS PARK DR

City

MATTHEWS

State

NC

Zip Code

28105-7453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HILLDRUP UNITED VAN LINES

Occupation  
MOVING SALES CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963766

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CLAIRE WEITZ

Mailing Address 1810 BY WOODS LN.

City

STEVENSON

State

MD

Zip Code

21153-0630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928866

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

156.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2375 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN WEITZEL

Mailing Address 1960 LUCILLE LN.

City

SAINT CLOUD

State

MN

Zip Code

56303-0434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13958477

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LINDA S. WELCH

Mailing Address 210 SAND KEY ESTATES DRIV

City

CLEARWATER BEACH

State

FL

Zip Code

33767-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933229

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGARET WELCH

Mailing Address 5802 N 5TH AVE

City

PHOENIX

State

AZ

Zip Code

85013-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOKAKE CONSTRUCTION

Occupation  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956048

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

441.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2376 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARGARET WELCH

Mailing Address 5802 N 5TH AVE

City

PHOENIX

State

AZ

Zip Code

85013-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOKAKE CONSTRUCTION

Occupation

MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957269

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP WELCH

Mailing Address 278 LAKE RD.

City

MILTON

State

VT

Zip Code

05468-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13944011

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP WELCH

Mailing Address 278 LAKE RD.

City

MILTON

State

VT

Zip Code

05468-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953175

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2377 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. PHILIP WELCH

Mailing Address 278 LAKE RD.

City State Zip Code  
**MILTON VT 05468-4117**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.00

Date of Receipt

**11 / 18 / 2010**

**Transaction ID: SA11.13971310**

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 MR. BETTY WELLBORN

Mailing Address 1429 RIDGEVIEW RD.

City State Zip Code  
**CRAGFORD AL 36255-6423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13942464**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 MR. TIM WELLBORN

Mailing Address 101 RUSSWOOD

City State Zip Code  
**ALEXANDER CITY AL 35010-2601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11.13942471**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5015.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2378 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JAMES WELLER**

Mailing Address **401 9TH STREET, NW  
 SUITE 900**

City State Zip Code  
**WASHINGTON DC 20004-2145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NIXON & PEABODY**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 10 / 2010**

Transaction ID: SA11.13968692

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. JOHN C. WELLEMEYER**

Mailing Address **89 ROSEDALE RD**

City State Zip Code  
**PRINCETON NJ 08540-6701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2801.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13936931

Amount of Each Receipt this Period

**750.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. T C. WELLER, JR.**

Mailing Address **8054 MCGOWIN DR**

City State Zip Code  
**FAIRHOPE AL 36532-5542**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**640.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952481

Amount of Each Receipt this Period

**320.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**1320.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2379 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. ARMISTEAD L. WELLFORD**

Mailing Address **8955 BELLEFONTE RD**

City State Zip Code  
**HENRICO VA 23229-7150**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13952898

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. DABNEY S. WELLFORD**

Mailing Address **7488 DEXTER ROAD**

City State Zip Code  
**CORDOVA TN 38016-5740**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**11 / 05 / 2010**

Transaction ID: SA11.13966213

Amount of Each Receipt this Period

**201.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. VICTORIA B. WELLINGTON**

Mailing Address **157 SPRING VALLEY DRIVE**

City State Zip Code  
**GRANVILLE OH 43023-1253**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CENTRAL OHIO TECH COLLEGE

Occupation

NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965807

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**301.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2380 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MS. ALICE M. WELLS

Mailing Address 14220 ANNS CHOICE WAY

City State Zip Code  
WARMINSTER PA 18974-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964313

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MRS. JACQUELYN WELLS

Mailing Address 2320 CENTRAL ST APT 204

City State Zip Code  
EVANSTON IL 60201-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945450

Amount of Each Receipt this Period

85.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MRS. JESSIE K. WELLS

Mailing Address 296 CANTERBURY RD

City State Zip Code  
BEL AIR MD 21014-9024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948576

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2381 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE K. WELLS

Mailing Address 296 CANTERBURY RD

City

BEL AIR

State

MD

Zip Code

21014-9024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948916

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE K. WELLS

Mailing Address 296 CANTERBURY RD

City

BEL AIR

State

MD

Zip Code

21014-9024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955291

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE K. WELLS

Mailing Address 296 CANTERBURY RD

City

BEL AIR

State

MD

Zip Code

21014-9024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971221

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2382 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE K. WELLS

Mailing Address 296 CANTERBURY RD

City

BEL AIR

State

MD

Zip Code

21014-9024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971222

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE K. WELLS

Mailing Address 296 CANTERBURY RD

City

BEL AIR

State

MD

Zip Code

21014-9024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971389

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN WELLS

Mailing Address 1840 N PROSPECT AVE APT 1011

City

MILWAUKEE

State

WI

Zip Code

53202-1965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ARTIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931573

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2383 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NORMA J. WELLS

Mailing Address 16 SPRINGER DR

City

COLUMBIA

State

MO

Zip Code

65201-5425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928086

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LOIS L. WENDL

Mailing Address 46 THISTLEDOWN DR.

City

ROCHESTER

State

NY

Zip Code

14617-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928882

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN I. WENGERD

Mailing Address 400 LINDEN LN.

City

BELLEVILLE

State

PA

Zip Code

17004-9089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941698

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

186.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2384 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. ROBERT C. WEPPLER

Mailing Address 6747 LARCHMONT DR

City State Zip Code  
MAYFIELD HTS OH 44124-3638FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ROCKWELL AUTOMATIONOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959080

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ROBERT F. WERLY

Mailing Address 3832 CARTER RD.

City State Zip Code  
BETHLEHEM PA 18020-3471FEC ID number of contributing  
federal political committee.**C**Name of Employer  
LEHIGH HEAVY FOUSLOccupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935727

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
DARRYL J. WERNER

Mailing Address 720 N TUSTIN AVE #100

City State Zip Code  
SANTA ANA CA 92705-3606FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945637

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

215.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2385 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JESSE WERNER, JR.

Mailing Address 26 TURNBERRY PLACE

City

SPRINGFIELD

State

IL

Zip Code

62704-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHAMPION GAS & OIL COMPANY

Occupation

PROPANE GASOLINE & OIL BUSINE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937436

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA WERTZ

Mailing Address 62238 CARLTON DR

City

CASSOPOLIS

State

MI

Zip Code

49031-9377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JW WERTZ

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946503

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA WERTZ

Mailing Address 62238 CARLTON DR

City

CASSOPOLIS

State

MI

Zip Code

49031-9377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JW WERTZ

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972759

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2386 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. EDITH W. WERTHER

Mailing Address 8339 VINTAGE CLUB CIR

City State Zip Code  
WILMINGTON NC 28411-7690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937916

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MS. PATRICIA A. WESLEY

Mailing Address 4155 SENNA DRIVE

City State Zip Code  
LAS CRUCES NM 88011-7632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF DEFENSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
ORSA

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935472

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. MICHELE M. WESONIG

Mailing Address 14757 BEVERLY ST

City State Zip Code  
OVERLAND PARK KS 66223-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955100

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2387 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA WEST

Mailing Address 2500 INDIGO LN  
UNIT 215

City

GLENVIEW

State

IL

Zip Code

60026-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935332

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID G. WEST

Mailing Address 2 LAKEWOOD DRIVE

City

MCCLOUD

State

OK

Zip Code

74851-8539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937218

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID G. WEST

Mailing Address 2 LAKEWOOD DRIVE

City

MCCLOUD

State

OK

Zip Code

74851-8539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.13968791

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2388 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID G. WEST

Mailing Address 2 LAKEWOOD DRIVE

City

MCLOUD

State

OK

Zip Code

74851-8539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: SA11.13968809

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELEN L. WEST

Mailing Address 200 PATTERSON AVE APT 118

City

SAN ANTONIO

State

TX

Zip Code

78209-6264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964435

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN WEST

Mailing Address 5 EGRET ROAD

City

MYSTIC

State

CT

Zip Code

06355-3295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEAPORT DERMATOLOGYOccupation  
DERMATOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962516

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

311.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2389 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK WEST

Mailing Address 3330 CUMBERLAND BLVD

City

ATLANTA

State

GA

Zip Code

30339-5995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FIRST BEACON INVESTMENTS

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918857

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL J. WESTERBECK

Mailing Address 24 SURF SCOTER RD

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.13928710

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL J. WESTERBECK

Mailing Address 24 SURF SCOTER RD

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939016

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2390 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL G. WESTHOFF

Mailing Address 667 BERRYWINE LN

City

ARNOLD

State

MO

Zip Code

63010-4735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13939057

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LEZLEE HIEGEL WESTINE

Mailing Address 7108 THRASHER ROAD

City

MCLEAN

State

VA

Zip Code

22101-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942510

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILL WESTLAKE

Mailing Address 38 LONGACRE DR.

City

COLLEGEVILLE

State

PA

Zip Code

19426-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTLAKE PHARMACEUTICAL  
SERVICES, INC.Occupation  
FIELD SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955875

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1651.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2391 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MURRAY WESTREICH

Mailing Address 4760 BOCAIRE BLVD

City

BOCA RATON

State

FL

Zip Code

33487-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954087

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ALBERT R C WESTWOOD

Mailing Address 13539 CANADA DEL OSO PL NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-8045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13971853

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK P. WETHERBEE

Mailing Address P.O. BOX 3650

City

ALBANY

State

GA

Zip Code

31706-3650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
FARMER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951348

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2392 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ERICA WETMORE

Mailing Address 1703 BEACON COVE COURT

City

KATY

State

TX

Zip Code

77450-5048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11.13968226

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HENRI WETSELAAR, M.D.

Mailing Address 3681 FORESTCREST DRIVE

City

LAS VEGAS

State

NV

Zip Code

89121-4954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW AMSTERDAM MEDICAL GRO-  
UPOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13947809

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HENRI WETSELAAR, M.D.

Mailing Address 3681 FORESTCREST DRIVE

City

LAS VEGAS

State

NV

Zip Code

89121-4954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW AMSTERDAM MEDICAL GRO-  
UPOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13965480

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2393 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ROAN H. WETSTONE

Mailing Address 77 KENWOOD CIR.

City

BLOOMFIELD

State

CT

Zip Code

06002-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948308

Amount of Each Receipt this Period

61.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ROAN H. WETSTONE

Mailing Address 77 KENWOOD CIR.

City

BLOOMFIELD

State

CT

Zip Code

06002-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949919

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH WETZEL

Mailing Address 6426 RIGGS PL

City

LOS ANGELES

State

CA

Zip Code

90045-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13931252

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

106.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2394 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. RICHARD WETZEL**

Mailing Address **3029 PHEASANT DR**

City State Zip Code  
**LANCASTER PA 17601-1423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**370.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955107

Amount of Each Receipt this Period

**110.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MS. PHYLUS K. WETZLER**

Mailing Address **3011 51ST ST W**

City State Zip Code  
**BRADENTON FL 34209-6153**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1200.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13930668

Amount of Each Receipt this Period

**600.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. LESLIE H. WEXNER**

Mailing Address **3 LIMITED PARKWAY**

City State Zip Code  
**COLUMBUS OH 43230-1467**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LIMITED BRANDS**

Occupation  
**CHAIRMAN & C. E. O.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**20000.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13945234

Amount of Each Receipt this Period

**15000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**15710.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2395 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. VICKI WEYHRICH**

Mailing Address **1200 PLEASANT LANE**

City State Zip Code  
**GLENVIEW IL 60025-1959**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13953582

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**JOHN E. WHALEN**

Mailing Address **1100 SARANAC LN**

City State Zip Code  
**NORTHBROOK IL 60062-4433**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941639

Amount of Each Receipt this Period

51.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. WHATLEY**

Mailing Address **27690 MARINA ISLE CT**

City State Zip Code  
**BONITA SPRINGS FL 34134-6700**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13953583

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

253.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2396 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. BRUCE A. WHEATLEY**

Mailing Address **53797 220TH AVE**

City State Zip Code  
**POCAHONTAS IA 50574-8704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**310.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962717

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**WILLIAM WHEATON**

Mailing Address **4977 BATTERY LANE #701**

City State Zip Code  
**BETHESDA MD 20814-4928**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HANGER**

Occupation

**PROGRAMMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**11 / 02 / 2010**

Transaction ID: SA11.13962743

Amount of Each Receipt this Period

**25.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JIMMY WHEE**

Mailing Address **#3 HERITAGE HILL CIRCLE**

City State Zip Code  
**THE WOODLANDS TX 77381-1405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation

**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13958238

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**5125.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2397 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL WHEELER

Mailing Address 18925 AUTUMN WAY

City

MONUMENT

State

CO

Zip Code

80132-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953605

Amount of Each Receipt this Period

226.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. WHEELER

Mailing Address 4005 WILD FLOWER DR

City

RAPID CITY

State

SD

Zip Code

57701-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.D.A. FOREST SERVICE

Occupation  
RESEARCH LIAISON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929008

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA W. WHEELER

Mailing Address 4033 S. YORKTOWN PLACE

City

TULSA

State

OK

Zip Code

74105-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948195

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

776.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2398 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS B. WHEELER

Mailing Address 736 KINGS TOWN DRIVE

City

NAPLES

State

FL

Zip Code

34102-7831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934969

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WARREN WHEELER

Mailing Address 1131 TIMOTHY RD

City

GREENSBORO

State

GA

Zip Code

30642-3950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHREEDER WHEELER & FUNK  
L.L.P.

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956743

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGO WHELAN

Mailing Address 2202 EAST 70TH STREET

City

BROOKLYN

State

NY

Zip Code

11234-6506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYCHHC

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.13960689

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

302.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2399 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

COL. ALLIE WHITE

Mailing Address 20550 HUEBNER RD UNIT 209

City

SAN ANTONIO

State

TX

Zip Code

78258-3967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951370

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DENNIS L. WHITE

Mailing Address 8511 INWOOD RD.

City

DALLAS

State

TX

Zip Code

75209-3345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966724

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY WHITE

Mailing Address 2101 TREASURE HILLS BLVD. APT.

City

HARLINGEN

State

TX

Zip Code

78550-8735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13934061

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2400 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GLENN D. WHITEMAN

Mailing Address 11911 HAMPSTEAD GREEN

City

ELLICOTT CITY

State

MD

Zip Code

21042-7110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969218

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY A. WHITEMAN

Mailing Address 520 11TH AVENUE SOUTH

City

NAPLES

State

FL

Zip Code

34102-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONSULTANT

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13957618

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN PHILIP WHITECAR, JR.

Mailing Address 31 MEGAN LN.

City

COLUMBUS

State

MS

Zip Code

39705-3195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLUMBUS HENATOLOGY ONCOL-  
OGY PA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940876

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2401 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE E. WHITE

Mailing Address 6 SUGARLOAF LANE

City

BRENTWOOD

State

TN

Zip Code

37027-8967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942921

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LOIS I. WHITEHEAD

Mailing Address 5382 LAURELTON AVE

City

GARDEN GROVE

State

CA

Zip Code

92845-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959602

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LOIS I. WHITEHEAD

Mailing Address 5382 LAURELTON AVE

City

GARDEN GROVE

State

CA

Zip Code

92845-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960019

Amount of Each Receipt this Period

2.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

587.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2402 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MRS. LORENA A. WHITE

Mailing Address 215 N WALTERS ST

City State Zip Code  
ROBINSON IL 62454-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13960840

Amount of Each Receipt this Period

55.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. LOUIS WHITE

Mailing Address 418 E LAWN CIR

City State Zip Code  
ODESSA MO 64076-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949378

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. LOUIS WHITE

Mailing Address 418 E LAWN CIR

City State Zip Code  
ODESSA MO 64076-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963746

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2403 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LYNN WHITE

Mailing Address 212 CALUMET DR

City

MADISON

State

MS

Zip Code

39110-8685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PPR2

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935289

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

R. WHITE

Mailing Address 505 WITCHES ROCK RD

City

BRISTOL

State

CT

Zip Code

06010-7152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953732

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SANDRA S. WHITE

Mailing Address 38 EAGLE CREEK DR.

City

NORWALK

State

OH

Zip Code

44857-8852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969327

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2404 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WENDELL A. WHITE**

Mailing Address **3437 CHANDLER CREEK RD  
 STE 104**

City State Zip Code  
**VIRGINIA BEACH VA 23453-2977**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUILDER/DEVELOPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**201.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934839

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DR. JAMES R. WHITMAN**

Mailing Address **686 NORTON ST**

City State Zip Code  
**LONGBOAT KEY FL 34228-1446**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956714

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. JERRY L. WHITMER**

Mailing Address **7068 GREEN HILL RD**

City State Zip Code  
**LINVILLE VA 22834-2506**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 19 / 2010**

Transaction ID: SA11.13931858

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2405 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWIN J. WHITNEY

Mailing Address 9303 MONTESSORI DR

City

SAN ANTONIO

State

TX

Zip Code

78217-3417

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935526

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LINDA B. WHITNEY

Mailing Address 102 N TOWNE AVE

City

ELMWOOD

State

IL

Zip Code

61529-9541

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960112

Amount of Each Receipt this Period

501.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RON WHITTINGTON

Mailing Address 953 MEADOW LN

City

KINGSPORT

State

TN

Zip Code

37663-2855

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961342

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

621.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2406 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. WAYNE WHITTAKER**

Mailing Address **7365 MERCHANT COURT  
 SUITE 2**

City State Zip Code  
**SARASOTA FL 34240-8446**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IQC INC**

Occupation  
**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**11 / 03 / 2010**

Transaction ID: SA11.13964469

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MARIE S. WHYTE**

Mailing Address **12702 POPLAR ST.**

City State Zip Code  
**GARDEN GROVE CA 92845-2818**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**11 / 19 / 2010**

Transaction ID: SA11.13972048

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. STAN WIDGER**

Mailing Address **401 9TH STREET N.W.  
 SUITE 900**

City State Zip Code  
**WASHINGTON DC 20004-2145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NIXON PEABODY**

Occupation  
**ATTORNEY**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 10 / 2010**

Transaction ID: SA11.13968709

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2407 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT A. WIEBEL

Mailing Address 3350 POSEIDON WAY

City

INDIALANTIC

State

FL

Zip Code

32903-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930210

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JADWIGA WIECKOWSKI

Mailing Address 146 S 3RD ST

City

BROOKLYN

State

NY

Zip Code

11211-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934045

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JADWIGA WIECKOWSKI

Mailing Address 146 S 3RD ST

City

BROOKLYN

State

NY

Zip Code

11211-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948559

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

352.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2408 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JADWIGA WIECKOWSKI

Mailing Address 146 S 3RD ST

City

BROOKLYN

State

NY

Zip Code

11211-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956703

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN S. WIEL

Mailing Address 35 FENTON ST. APT. 230

City

LIVERMORE

State

CA

Zip Code

94550-4180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956740

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DARLA WIELKIEWICZ

Mailing Address 2286 WESTWOOD PINE DR

City

MOSELEY

State

VA

Zip Code

23120-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13953907

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2409 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. DARLA WIELKIEWICZ**

Mailing Address **2286 WESTWOOD PINE DR**

City State Zip Code  
**MOSELEY VA 23120-1157**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**235.00**

Date of Receipt

**11 / 04 / 2010**

Transaction ID: SA11.13965964

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JEFFREY L. WIGGALL**

Mailing Address **17493 SCHALIT WAY**

City State Zip Code  
**LAKE OSWEGO OR 97035-5435**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**245.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960324

Amount of Each Receipt this Period

**35.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**ELIZABETH R. WIGGINTON**

Mailing Address **21605 WHITES NECK RD.**

City State Zip Code  
**BUSHWOOD MD 20618-2326**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13955278

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**120.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2410 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JIM WIGGINS

Mailing Address 2072 TREMONT ROAD

City

COLUMBUS

State

OH

Zip Code

43221-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRONESIS PARTNERS, L.P.

Occupation

PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938457

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM H. WIGGINS

Mailing Address 304 N HARRIS ST.

City

SANDERSVILLE

State

GA

Zip Code

31082-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13964194

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

W. R. WIGLEY, JR.

Mailing Address 5528 MEADERS LN.

City

DALLAS

State

TX

Zip Code

75229-6652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930384

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5160.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2411 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

W. R. WIGLEY, JR.

Mailing Address 5528 MEADERS LN.

City

DALLAS

State

TX

Zip Code

75229-6652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963112

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHARLES W. WIKLE

Mailing Address 1043 S MADISON ST

City

TUPELO

State

MS

Zip Code

38801-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH MISSISSIPPI ORAL SU-  
RG. AOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13952331

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TODD WILBER

Mailing Address 8667 RUPP FARM

City

WEST CHESTER

State

OH

Zip Code

45069-4528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CTI RESTAURANTSOccupation  
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13945598

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

681.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2412 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA LEE WILBURN

Mailing Address 221 HARWOOD HEIGHTS

City

UNION

State

SC

Zip Code

29379-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954045

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JUSTINE WILCOX

Mailing Address 401 9TH STREET N.W.  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20004-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON PEABODY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1199.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13968704

Amount of Each Receipt this Period

1199.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KENNETH ALFRED WILDE

Mailing Address 3604 LAUREL LEDGE LN.

City

AUSTIN

State

TX

Zip Code

78731-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940216

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1279.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2413 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**KENNETH ALFRED WILDE**

Mailing Address **3604 LAUREL LEDGE LN.**

City State Zip Code  
**AUSTIN TX 78731-4048**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 26 / 2010**

**Transaction ID: SA11.13956268**

Amount of Each Receipt this Period

**100.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. RITA WILES**

Mailing Address **1149 N COUNTY ROAD 22**

City State Zip Code  
**MARIENTHAL KS 67863-6349**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 28 / 2010**

**Transaction ID: SA11.13960632**

Amount of Each Receipt this Period

**115.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**DR. J. S. WILKENFELD**

Mailing Address **PO BOX 690685**

City State Zip Code  
**HOUSTON TX 77269-0685**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: SA11.13955968**

Amount of Each Receipt this Period

**5000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**5215.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2414 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHIRLEY B. WILKES

Mailing Address 3209 TROGDAN DR.

City

FAYETTEVILLE

State

NC

Zip Code

28306-8335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966617

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELINOR WILKINSON

Mailing Address 6325 CREEKBEND DR.

City

HOUSTON

State

TX

Zip Code

77096-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947124

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JEFF WILKIN

Mailing Address 13255 W 86TH DR

City

ARVADA

State

CO

Zip Code

80005-5846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955876

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2415 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JILL P. WILKINSON

Mailing Address 690 KIMBERLY ST.

City

BIRMINGHAM

State

MI

Zip Code

48009-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945393

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LYNN WILKINS

Mailing Address 715 HOLLY DR

City

FAIRHOPE

State

AL

Zip Code

36532-2814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931579

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY H. WILKIE

Mailing Address 1820 PEMBERTON PL

City

MARIETTA

State

GA

Zip Code

30062-8126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLUB TRAVEL

Occupation  
TRAVEL AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935658

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2416 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JO ANN WILKS

Mailing Address 2511 COUNTY ROAD 169

City

CISCO

State

TX

Zip Code

76437-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MASONARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13947832

Amount of Each Receipt this Period

830.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ED WILL

Mailing Address 3883 GALLO DR

City

SAINT CHARLES

State

MO

Zip Code

63304-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930363

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAUDE WILLBERN

Mailing Address P.O. BOX 86

City

BISHOP

State

TX

Zip Code

78343-0086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952903

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2417 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RONALD WILLDEN**

Mailing Address **8750 KINGS HILL DR**

City State Zip Code  
**SALT LAKE CITY UT 84121-6136**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13949165**

Amount of Each Receipt this Period

**35.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES H. WILLEN**

Mailing Address **9336 ILLINOIS RD.**

City State Zip Code  
**FORT WAYNE IN 46804-5758**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13952452**

Amount of Each Receipt this Period

**50.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ERNEST JOSEPH WILLENBORG**

Mailing Address **P.O. BOX 5489**

City State Zip Code  
**LAGUNA PARK TX 76644-5489**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1701.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13952299**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**285.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2418 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. JERRY WILLE

Mailing Address 801 E 9TH ST.

City

TAMA

State

IA

Zip Code

52339-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: SA11.13962645

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BILL F. WILLIAMSON

Mailing Address 7085 LESLEE ST

City

PORTAGE

State

MI

Zip Code

49024-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13939055

Amount of Each Receipt this Period

76.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CALVIN CLIFFORD WILLIS

Mailing Address 194 BETTYS CREEK RD

City

SYLVA

State

NC

Zip Code

28779-7179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

717.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13952544

Amount of Each Receipt this Period

41.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

327.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2419 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROLE WILLIAMS

Mailing Address 506 PATRICIA AVE.

City

CHULA VISTA

State

CA

Zip Code

91910-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13931370

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES WILLIAMS

Mailing Address 272 OAKWOOD RD

City

ENGLEWOOD

State

NJ

Zip Code

07631-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931576

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID D. WILLIAMS

Mailing Address 2027 MERRILL RD

City

PARADISE

State

CA

Zip Code

95969-2948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929106

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2420 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBBIE G. WILLIAMS

Mailing Address 205 COMMISSARY DR.

City

OLIVE BRANCH

State

MS

Zip Code

38654-7337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952454

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD WILLIS

Mailing Address 3835 E MILLERS BRIDGE RD

City

TALLAHASSEE

State

FL

Zip Code

32312-1061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935470

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD WILLIS

Mailing Address 3835 E MILLERS BRIDGE RD

City

TALLAHASSEE

State

FL

Zip Code

32312-1061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962499

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2421 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DOROTHY WILLIAMS

Mailing Address 8550 BARTON ROAD #183

City State Zip Code  
GRANITE BAY CA 95746-8843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951810

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
E. WILLIAMS

Mailing Address 6205 LEBLANC DRIVE

City State Zip Code  
PLANO TX 75024-2906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LUMINANT

Occupation  
CHIEF OPERATIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932287

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. FLORENCE W. WILLIAMSON

Mailing Address 103 S YELLOWSTONE AVE.  
APARTMENT D.

City State Zip Code  
BOZEMAN MT 59718-1902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940422

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2422 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. G. F. WILLIAMS, JR.

Mailing Address 4342 WOODBRIDGE ROAD

City

TALLAHASSEE

State

FL

Zip Code

32303-7624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954904

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. G. F. WILLIAMS, JR.

Mailing Address 4342 WOODBRIDGE ROAD

City

TALLAHASSEE

State

FL

Zip Code

32303-7624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954982

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. G. F. WILLIAMS, JR.

Mailing Address 4342 WOODBRIDGE ROAD

City

TALLAHASSEE

State

FL

Zip Code

32303-7624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966059

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

31.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2423 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. G. F. WILLIAMS, JR.

Mailing Address 4342 WOODBRIDGE ROAD

City

TALLAHASSEE

State

FL

Zip Code

32303-7624

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972886

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GAIL D. WILLIAMS

Mailing Address P.O. BOX 92

City

PRESHO

State

SD

Zip Code

57568-0092

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971337

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. WILLIAMS

Mailing Address 46 WILD HORSE ROAD

City

CODY

State

WY

Zip Code

82414-9640

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MALLARD OIL & GASOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13963085

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

215.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2424 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

JEAN W. WILLIAMS

Mailing Address 215 W PARKVIEW ST

City

DYERSBURG

State

TN

Zip Code

38024-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11.13972047

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JERRY L. WILLIAMS

Mailing Address 228 WALNUT LANE

City

DYERSBURG

State

TN

Zip Code

38024-6527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13955324

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOAN I. WILLIAMS

Mailing Address 14286 DEWITT LN.

City

BOGALUSA

State

LA

Zip Code

70427-0191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934235

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2425 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOAN I. WILLIAMS

Mailing Address 14286 DEWITT LN.

City

BOGALUSA

State

LA

Zip Code

70427-0191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13938281

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHATHAN WILLIAMS

Mailing Address 312 S AVENUE D

City

BURKBURNETT

State

TX

Zip Code

76354-3564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTIAN FAMILY HEALTH  
CLINIC

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918419

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LEE E. WILLIAMS

Mailing Address 256 COUNTY ROAD 3270

City

MINEOLA

State

TX

Zip Code

75773-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945444

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

845.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2426 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MANSFIELD W. WILLIAMS

Mailing Address 118 GOMEZ ROAD

City

HOBE SOUND

State

FL

Zip Code

33455-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928896

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGIE WILLIAMSON

Mailing Address 4 MOORE CIR.

City

BEDFORD

State

MA

Zip Code

01730-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951462

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY E. WILLIAMSON

Mailing Address 7810 COUNTY ROAD 291

City

EARLY

State

TX

Zip Code

76802-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937834

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2427 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RHYS WILLIAMS

Mailing Address 16129 BRISTOL POINTE DR

City

DELRAY BEACH

State

FL

Zip Code

33446-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEQUESPA BIOVENTURES

Occupation

BIOTECHNOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931767

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. WILLIAMS

Mailing Address N4110 13TH. AVE

City

WAUTOMA

State

WI

Zip Code

54982-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965424

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS MICHAEL WILLIAMS

Mailing Address 1504 BRITTANY WAY

City

ROCKWALL

State

TX

Zip Code

75087-7372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT-RISK MGT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13929845

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2428 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS MICHAEL WILLIAMS

Mailing Address 1504 BRITTANY WAY

City

ROCKWALL

State

TX

Zip Code

75087-7372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT-RISK MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13950239

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VERA WILLIAMS

Mailing Address RR 1 BOX 1391

City

ALTON

State

MO

Zip Code

65606-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1855.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13937434

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VERA WILLIAMS

Mailing Address RR 1 BOX 1391

City

ALTON

State

MO

Zip Code

65606-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1855.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13965332

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

440.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2429 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LINNEA WILLMAN

Mailing Address 237 MAIN ST APT A6

City

READING

State

MA

Zip Code

01867-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931593

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THERESA N. WILMERDING

Mailing Address 506 WOODFIELD DR.

City

ASHEVILLE

State

NC

Zip Code

28803-8668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932779

Amount of Each Receipt this Period

6.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ERIC WILNER

Mailing Address 25 HIGHLAND AVE

City

NEWBURYPORT

State

MA

Zip Code

01950-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13945404

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

316.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2430 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL L. WILSON

Mailing Address 2197 SUTTER VIEW LN.

City

LINCOLN

State

CA

Zip Code

95648-7718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13964535

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HUGH T. WILSON

Mailing Address 10925 ROARING BROOK LANE

City

HOUSTON

State

TX

Zip Code

77024-6837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13933464

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANE WILSON

Mailing Address 317 MAYFLOWER DR

City

REDLANDS

State

CA

Zip Code

92373-6178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951368

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

255.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2431 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN A. WILSON

Mailing Address 1440 RIDGEMERE LN

City

WINSTON SALEM

State

NC

Zip Code

27106-4483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAKE FOREST UNIVERSITY PH-  
YSICIANS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13947628

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN WARD WILSON

Mailing Address 417 BIRCH LANE

City

RICHARDSON

State

TX

Zip Code

75081-5527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DECOOLYER AND MAC NAUGHTON

Occupation  
PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13929989

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN WARD WILSON

Mailing Address 417 BIRCH LANE

City

RICHARDSON

State

TX

Zip Code

75081-5527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DECOOLYER AND MAC NAUGHTON

Occupation  
PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930603

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2432 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JONATHAN C. WILSON

Mailing Address 2323 VICTORY AVE SUITE 700

City

DALLAS

State

TX

Zip Code

75219-7672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13965582

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEE E. WILSON

Mailing Address 1305 62ND AVE E

City

FIFE

State

WA

Zip Code

98424-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN TECH CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUSINESSMAN

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13937384

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEE E. WILSON

Mailing Address 1305 62ND AVE E

City

FIFE

State

WA

Zip Code

98424-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN TECH CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUSINESSMAN

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13937393

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2433 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LORRAINE M. WILSON

Mailing Address 1010 RED MILL DR

City

TECUMSEH

State

MI

Zip Code

49286-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASTERN MI UNIVER

Occupation

PROFESSOR OF NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929572

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARIE A. WILSON

Mailing Address 13681 COUNTY ROAD 426

City

LINDALE

State

TX

Zip Code

75771-7847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941788

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY A. WILSON

Mailing Address 414 RANEY ST

City

ASHBURN

State

GA

Zip Code

31714-5238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931848

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2434 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. MARY A. WILSON**

Mailing Address **3165 LISA LN**

City State Zip Code  
**ZANESVILLE OH 43701-8525**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13934755

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. MARY A. WILSON**

Mailing Address **3165 LISA LN**

City State Zip Code  
**ZANESVILLE OH 43701-8525**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 26 / 2010**

Transaction ID: SA11.13956428

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY C. WILSON**

Mailing Address **22338 OLEAN BLVD.**

City State Zip Code  
**PORT CHARLOTTE FL 33952-5642**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954387

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**280.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2435 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY L. WILSON

Mailing Address 4729 CEMETERY RD

City

HILLIARD

State

OH

Zip Code

43026-1192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13971728

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MYRON ROBERT WILSON

Mailing Address 861 W VIA OLIVERA

City

PALM SPRINGS

State

CA

Zip Code

92262-2769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13928925

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS C. WILSON

Mailing Address 6351 EAST VISTA DRIVE

City

PARADISE VALLEY

State

AZ

Zip Code

85253-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLLECT CORP.Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13957975

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional) .....

-1940.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2436 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 MR. NICHOLAS C. WILSON

Mailing Address **6351 EAST VISTA DRIVE**

City State Zip Code  
**PARADISE VALLEY AZ 85253-6953**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COLLECT CORP.**

Occupation  
**C.E.O.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID: SA11.13957976**

Amount of Each Receipt this Period

**-2500.00**

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)  
 MR. NICHOLAS C. WILSON

Mailing Address **6351 EAST VISTA DRIVE**

City State Zip Code  
**PARADISE VALLEY AZ 85253-6953**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COLLECT CORP.**

Occupation  
**C.E.O.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID: SA11.13957977**

Amount of Each Receipt this Period

**-2500.00**

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)  
 MR. RICHARD P. WILSON

Mailing Address **2401 WINGATE CT**

City State Zip Code  
**BAKERSFIELD CA 93311-9267**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**351.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID: SA11.13946811**

Amount of Each Receipt this Period

**251.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**-4749.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2437 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY E. WILSON

Mailing Address 904 GA HIGHWAY 338

City

DUDLEY

State

GA

Zip Code

31022-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933225

Amount of Each Receipt this Period

76.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. WILSON

Mailing Address 1853 PAGE PL

City

MALVERN

State

PA

Zip Code

19355-9718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937637

Amount of Each Receipt this Period

135.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILL WIMBERLEY

Mailing Address 55 COUNTY RD 8361

City

RIENZI

State

MS

Zip Code

38865-8305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BILLS BACKHOE SERVICE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959082

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

311.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2438 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
SYLVIA JUNE WINDER

Mailing Address 4002 16TH. ST. APT. 4401

City State Zip Code  
LUBBOCK TX 79416-6039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13962989

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
THOMAS E. WINDHAM

Mailing Address 14215 BONNEY BRIER DR

City State Zip Code  
HOUSTON TX 77069-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946757

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
DR. RICHARD L. WINDSOR

Mailing Address 110 E HICKORY GROVE RD

City State Zip Code  
HARTFORD CITY IN 47348-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE EYE ASSOCIATES GROUP  
LLC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962570

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2439 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. SUSAN E. WINGATE**

Mailing Address **4685 ELK VALLEY COURT**

City State Zip Code  
**WINSTON SALEM NC 27103-9718**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
**NURSING HOME COORDINATER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13936186

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. KENNETH A. WINKLE**

Mailing Address **100 EDGEWOOD RD**

City State Zip Code  
**BRIDGEPORT WV 26330-9360**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 4 / 2 0 1 0**

Transaction ID: SA11.13965925

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. KENNETH A. WINKLE**

Mailing Address **100 EDGEWOOD RD**

City State Zip Code  
**BRIDGEPORT WV 26330-9360**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 4 / 2 0 1 0**

Transaction ID: SA11.13965983

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2440 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALDEN B. WINTERS

Mailing Address 2811 KABAH CT

City

GALVESTON

State

TX

Zip Code

77554-6469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACK HAWK MANAGEMENT INC.

Occupation

CONSULTING ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951353

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALDEN B. WINTERS

Mailing Address 2811 KABAH CT

City

GALVESTON

State

TX

Zip Code

77554-6469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACK HAWK MANAGEMENT INC.

Occupation

CONSULTING ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964396

Amount of Each Receipt this Period

39.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY P. WINTERS

Mailing Address 4177 SIENA DR.

City

FRISCO

State

TX

Zip Code

75034-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13928525

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

189.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2441 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY WINTERS

Mailing Address 405 BRIDGETENDER DR.

City

RALEIGH

State

NC

Zip Code

27615-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928853

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LUCIENNE M. WINTER

Mailing Address 6320 S 66TH ST

City

LINCOLN

State

NE

Zip Code

68516-3689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931641

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARTIN WINTERS

Mailing Address 1617 KILOUGH CHURCH RD

City

DAWSONVILLE

State

GA

Zip Code

30534-6956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APPRAISAL ADVISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REALESTATE APPRASER

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13918487

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2442 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. WISCHMEYER

Mailing Address 1 MCKNIGHT PLACE  
APARTMENT 406

City State Zip Code  
SAINT LOUIS MO 63124-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940036

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. WISCHMEYER

Mailing Address 1 MCKNIGHT PLACE  
APARTMENT 406

City State Zip Code  
SAINT LOUIS MO 63124-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961588

Amount of Each Receipt this Period

26.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. WISCHMEYER

Mailing Address 1 MCKNIGHT PLACE  
APARTMENT 406

City State Zip Code  
SAINT LOUIS MO 63124-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13963685

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2443 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. WILLIAM F. WISCHMEYER**

Mailing Address **1 MCKNIGHT PLACE  
 APARTMENT 406**

City State Zip Code  
**SAINT LOUIS MO 63124-1985**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**432.00**

Date of Receipt

**11 / 15 / 2010**

Transaction ID: SA11.13968868

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MS. CONNIE N. WISE**

Mailing Address **400 UNIVERSITY PARK DRIVE  
 APARTMENT 250**

City State Zip Code  
**BIRMINGHAM AL 35209-6776**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**257.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13933075

Amount of Each Receipt this Period

**46.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. DOUGLAS W. WISOR**

Mailing Address **11905 LERADE CT**

City State Zip Code  
**GLEN ALLEN VA 23059-7067**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 18 / 2010**

Transaction ID: SA11.13929798

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**326.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2444 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRIAN WITKOWSKI

Mailing Address 8119 W WINNEMAC AVE

City

NORRIDGE

State

IL

Zip Code

60706-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957364

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. WITMER

Mailing Address 3182 PINE ROAD

City

DANIELSVILLE

State

PA

Zip Code

18038-9629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950606

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM W. WITTEN

Mailing Address 710 N LINWOOD AVE

City

SANTA ANA

State

CA

Zip Code

92701-4333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933980

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2445 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM W. WITTEN

Mailing Address 710 N LINWOOD AVE

City

SANTA ANA

State

CA

Zip Code

92701-4333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13936198

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LORINE M. WITTKOPP

Mailing Address 1859 9TH. ST.

City

BAY CITY

State

MI

Zip Code

48708-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945034

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILLIP WITTMER

Mailing Address 7555 E STATE ROAD 66

City

CANNELTON

State

IN

Zip Code

47520-6632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955782

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2446 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. WOHR

Mailing Address 6 ROBERTS LN.

City

EAST MORICHES

State

NY

Zip Code

11940-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959958

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLIE V. WOJCIK

Mailing Address 1468 CORBIN DR.

City

MILFORD

State

OH

Zip Code

45150-2489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13955951

Amount of Each Receipt this Period

-20.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD O. WOLCOTT

Mailing Address 4624 NW 17TH PLACE

City

GAINESVILLE

State

FL

Zip Code

32605-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939760

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2447 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS R. WOLF

Mailing Address 6943 HOLLOW VIEW WAY

City

WEST JORDAN

State

UT

Zip Code

84084-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969205

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ESTHER B. WOLF

Mailing Address 30297 MOWRY RD.

City

BURR OAK

State

MI

Zip Code

49030-9771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943118

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK WOLFERT

Mailing Address 1491 JACKSONS RIDGE RD

City

GREENSBORO

State

GA

Zip Code

30642-5279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
EXEC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13931443

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2448 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES WOLFE

Mailing Address 738 CRISFIELD WAY

City

ANNAPOLIS

State

MD

Zip Code

21401-4575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962669

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANET M. WOLFE

Mailing Address 6251 OLD DOMINION DRIVE  
APARTMENT 162

City

MCLEAN

State

VA

Zip Code

22101-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930943

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN A. WOLFE

Mailing Address 9901 N 51ST. PL.

City

PARADISE VLY

State

AZ

Zip Code

85253-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US PUBLIC HEALTH SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13952651

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2449 / 3187  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. MARC S. WOLFERT

Mailing Address 400 9TH ST  
APT W5G

City State Zip Code  
HOBOKEN NJ 07030-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930284

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. MARC S. WOLFERT

Mailing Address 400 9TH ST  
APT W5G

City State Zip Code  
HOBOKEN NJ 07030-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11.13971365

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MR. RALPH E. WOLSTENHOLME

Mailing Address 121 PRITCHARD HOLLOW RD

City State Zip Code  
WESTFIELD PA 16950-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962615

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2450 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TODD A. WOMBLE

Mailing Address 4930 HOLLY ST

City

BELLAIRE

State

TX

Zip Code

77401-5715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WCI

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13951489

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAY WOOD

Mailing Address 16 SAN CLEMENTE CIR

City

ODESSA

State

TX

Zip Code

79765-8524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHESTEN NATIONAL BANK

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.13972862

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID R. WOOD

Mailing Address 5586 EICHMAN ROAD

City

VON ORMY

State

TX

Zip Code

78073-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOOD MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13928536

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2451 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DIANNA WOOD

Mailing Address 6477 N 2300 LN

City

WEST SALEM

State

IL

Zip Code

62476-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960227

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KAYE N. WOOD

Mailing Address 4902 LAKE FOREST AVE

City

NORTHPORT

State

AL

Zip Code

35473-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956904

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KAYE N. WOOD

Mailing Address 4902 LAKE FOREST AVE

City

NORTHPORT

State

AL

Zip Code

35473-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13966683

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2452 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH H. WOOD

Mailing Address 1226 BIRCH LN

City

CODY

State

WY

Zip Code

82414-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13956973

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LOIS R. WOOD

Mailing Address P.O. BOX 6

City

VIDALIA

State

GA

Zip Code

30475-0006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: SA11.13947131

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LOIS R. WOOD

Mailing Address P.O. BOX 6

City

VIDALIA

State

GA

Zip Code

30475-0006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13965340

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2453 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PAMELA K. WOODARD, M.D.

Mailing Address 510 S KINGSHIGHWAY BLVD

City

SAINT LOUIS

State

MO

Zip Code

63110-1016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MALLINCKRODT INSTITUTE OF  
RADIOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942575

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD D. WOODFORD

Mailing Address 109 SKY PARK CV

City

FLORENCE

State

AL

Zip Code

35634-2427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962622

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

R WOODRUFF

Mailing Address 6210 SHELTER COVE POINTE

City

MIDLOTHIAN

State

VA

Zip Code

23112-2243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RICHMOND CONSULTING GROUP

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13948159

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2454 / 3187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES WOODSBY

Mailing Address 1260 CENTRAL FLORIDA PKWY

City

ORLANDO

State

FL

Zip Code

32837-9259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13966761

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH WOODS

Mailing Address 3720 COTTRELL RD

City

RICHMOND

State

VA

Zip Code

23234-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13968612

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL WOODS

Mailing Address P.O. BOX 129

City

IRONTON

State

OH

Zip Code

45638-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IRONTON PORT AUTHORITY

Occupation

EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: SA11.13918734

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2455 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**PAUL WOODS**

Mailing Address **P.O. BOX 129**

City State Zip Code  
**IRONTON OH 45638-0129**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IRONTON PORT AUTHORITY**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID: SA11.13955555**

Amount of Each Receipt this Period

**80.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**SHIRLEY WOODS**

Mailing Address **207 COUNTY RD. 604**

City State Zip Code  
**KIRBYVILLE TX 75956-3543**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAVETT, TURNER AND WYBLE  
 LLP**

Occupation  
**CPA**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID: SA11.13945061**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. CHARLES F. WOODWARD**

Mailing Address **13724 PARADISE VILLAS GRV**

City State Zip Code  
**COLORADO SPRINGS CO 80921-3295**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**459.00**

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

**Transaction ID: SA11.13949710**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**230.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2456 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD J. WOODWARD

Mailing Address 4606 KING WILLIAM ROAD

City

RICHMOND

State

VA

Zip Code

23225-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RANDOLPH MACON COLLEGE

Occupation

COLLEGE PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13934994

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL D. WOODWARD

Mailing Address 4 GUZZLEBROOK DRIVE

City

SUDBURY

State

MA

Zip Code

01776-3168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ITG

Occupation

SOFTWARE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939276

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PEGGY E. WOODY

Mailing Address 726 OUTLOOK LN

City

CHATTANOOGA

State

TN

Zip Code

37419-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13965230

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

426.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2457 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY L. WOOLEY

Mailing Address 1529 E WOOD OAKS

City

SPRINGFIELD

State

MO

Zip Code

65804-7111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CCI

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928072

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT F. WORLEY

Mailing Address 31888 PONDSIDE DR

City

AVON LAKE

State

OH

Zip Code

44012-2796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13944744

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROBERT WORMALD

Mailing Address 10121 CHAPEL RD

City

POTOMAC

State

MD

Zip Code

20854-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931934

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

410.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2458 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MARGE WORMINGTON**

Mailing Address **280 US HIGHWAY 14A E**

City State Zip Code  
**LOVELL WY 82431-9706**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**10 / 14 / 2010**

Transaction ID: SA11.13928574

Amount of Each Receipt this Period

**15.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JAMES W. WRAY**

Mailing Address **1519 FAIRFIELD RD.**

City State Zip Code  
**HENRY VA 24102-3231**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA11.13960232

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**DR. RICHARD N. WRENN**

Mailing Address **8919 PARK RD APT 5011**

City State Zip Code  
**CHARLOTTE NC 28210-7613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RICHARD NICKLES WRENN, MD**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

**OWNER**

Aggregate Year-to-Date ▼

**440.00**

Date of Receipt

**10 / 20 / 2010**

Transaction ID: SA11.13938555

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**215.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2459 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ELSON KENNETH WRIDE

Mailing Address 1016 W 32ND. ST.

City

LOVELAND

State

CO

Zip Code

80538-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956154

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CONNIE M. WRIGHT

Mailing Address 652 LAKENGREN DR

City

EATON

State

OH

Zip Code

45320-2664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951459

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELLEN WRIGHT

Mailing Address 388 NELSON DR

City

GENEVA

State

IL

Zip Code

60134-4693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13960142

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2460 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MR. HOLLY C. WRIGHT, SR.

Mailing Address PO BOX 638

City State Zip Code  
ROCKINGHAM NC 28380-0638FEC ID number of contributing  
federal political committee.**C**Name of Employer  
BHM INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13938541

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. JOSEPH WRIGHT

Mailing Address 4524 28TH RD S APT B

City State Zip Code  
ARLINGTON VA 22206-3375FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931791

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. JULIE WRIGHT

Mailing Address 1195 TURQUOISE DR

City State Zip Code  
LONGMONT CO 80504-7304FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966344

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2461 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KAREN A. WRIGHT

Mailing Address 1240 GAMBIER ROAD

City

MOUNT VERNON

State

OH

Zip Code

43050-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARIEL CORP

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945232

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LARRY F. WRIGHT

Mailing Address P.O. BOX 300

City

LONDON

State

TX

Zip Code

76854-0300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950120

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LEON THOMAS WRIGHT

Mailing Address 111 CIR. DR.

City

SWANSBORO

State

NC

Zip Code

28584-8076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951732

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2462 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MS. MARINA C. WRIGHT**

Mailing Address **21705 HERSCHEL ROAD**

City State Zip Code  
**SONOMA CA 95476-9658**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13948661

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**WALLACE M. WRIGHT**

Mailing Address **401 WESTERN BIT**

City State Zip Code  
**HORSESHOE BAY TX 78657-5690**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1218.50

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13929019

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**WILLIAM B. WRIGHT**

Mailing Address **1275 VALLEY VISTA LN**

City State Zip Code  
**FOREST VA 24551-4366**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13932895

Amount of Each Receipt this Period

501.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

876.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2463 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**JOHN CHARLES WYATT**

Mailing Address **765 HINTON PLACE RD**

City State Zip Code  
**TUSCALOOSA AL 35405-9609**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13934653

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MRS. ESTHER WYMER**

Mailing Address **P.O. BOX 56**

City State Zip Code  
**FAIRVIEW OK 73737-0056**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13940698

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**SUZANNE WYNESS**

Mailing Address **91 W PLAZA DEL SOL**

City State Zip Code  
**ISLAMORADA FL 33036-4120**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**301.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13951963

Amount of Each Receipt this Period

**101.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**351.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2464 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MRS. DOROTHY WYNN**

Mailing Address **706 8TH. ST. NW**

City State Zip Code  
**SPRINGHILL LA 71075-2406**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13952111

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**C E. WYSONG**

Mailing Address **513 MOUND ST**

City State Zip Code  
**BROOKVILLE OH 45309-1326**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13946767

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**C E. WYSONG**

Mailing Address **513 MOUND ST**

City State Zip Code  
**BROOKVILLE OH 45309-1326**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13959623

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

386.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2465 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. WYSONG

Mailing Address 2707 CLUBLAKE TRL

City

MCKINNEY

State

TX

Zip Code

75070-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PUBLIC SPEAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13959072

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VICTOR F. YACULLO

Mailing Address 22050 N 97TH ST.

City

SCOTTSDALE

State

AZ

Zip Code

85255-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BINGHAM MCCUTCHE

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937332

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VICTOR F. YACULLO

Mailing Address 22050 N 97TH ST.

City

SCOTTSDALE

State

AZ

Zip Code

85255-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BINGHAM MCCUTCHE

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956605

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2466 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY YAGER

Mailing Address 5641 HOLLY SPRINGS DR.

City

HOUSTON

State

TX

Zip Code

77056-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13928022

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY YAGER

Mailing Address 5641 HOLLY SPRINGS DR.

City

HOUSTON

State

TX

Zip Code

77056-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	0

Transaction ID: SA11.13973038

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. WAIVE T. YAGER

Mailing Address 1007 20MILE ROAD

City

LANCE CREEK

State

WY

Zip Code

82222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RANCHER

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940003

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

185.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2467 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. WAIVE T. YAGER

Mailing Address 1007 20MILE ROAD

City

LANCE CREEK

State

WY

Zip Code

82222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RANCHER

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941153

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. WAIVE T. YAGER

Mailing Address 1007 20MILE ROAD

City

LANCE CREEK

State

WY

Zip Code

82222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RANCHER

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957183

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK YALE

Mailing Address P.O. BOX 54

City

TRAPHILL

State

NC

Zip Code

28685-0054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930439

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2468 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. JACK YALE

Mailing Address P.O. BOX 54

City

TRAPHILL

State

NC

Zip Code

28685-0054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961652

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RAJU R. YALIMANCHILIE

Mailing Address 13726 CAMELOT CENTER COURT

City

HOUSTON

State

TX

Zip Code

77069-2255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955967

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. BEVERLY YANCEY

Mailing Address 2700 MASTERS CT

City

MARION

State

IL

Zip Code

62959-5269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13960200

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2600.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2469 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALLACE GLENN YANCEY

Mailing Address PO BOX 758

City

LANETT

State

AL

Zip Code

36863-0758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931707

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DARLA M. YARBROUGH

Mailing Address 26200 COUNTY 9

City

BEMIDJI

State

MN

Zip Code

56601-6119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13943520

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT YARBROUGH

Mailing Address 16050 FONTAINE AVE

City

AUSTIN

State

TX

Zip Code

78734-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931900

Amount of Each Receipt this Period

185.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

635.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2470 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NEIL YARIS

Mailing Address 59 DURAND RD.

City

MAPLEWOOD

State

NJ

Zip Code

07040-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA MERRILL  
LYNCH

Occupation

BOND TRADER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13955969

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TOM YATES

Mailing Address 3951 HWY 314 S W

City

LOS LUNAS

State

NM

Zip Code

87031-9765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALPHA S. W.

Occupation

C.E.O.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	0

Transaction ID: SA11.13967200

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY E. YATSKO

Mailing Address 11751 HICKORY DR.

City

BENTONVILLE

State

AR

Zip Code

72712-8784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART STORES, INC

Occupation

RETAIL EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Transaction ID: SA11.13960684

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

4100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2471 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALLACE YAY

Mailing Address 10338 PORTRUSH DR

City

DALLAS

State

TX

Zip Code

75243-5129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961700

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALLACE YAY

Mailing Address 10338 PORTRUSH DR

City

DALLAS

State

TX

Zip Code

75243-5129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11.13971194

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DOYLE A. YEAGER

Mailing Address 17900 COUNTY ROAD 112

City

BRISTOL

State

IN

Zip Code

46507-8876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELKHART EMERGENCY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13928973

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2472 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH YEATMAN

Mailing Address P.O. BOX 848

City

MONTROSS

State

VA

Zip Code

22520-0848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13935667

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. YELLOWLEES

Mailing Address P.O. BOX 53134

City

ATLANTA

State

GA

Zip Code

30355-1134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13936880

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARION S. YERKES

Mailing Address 3679 BLACKFOOT CT. SW

City

GRANDVILLE

State

MI

Zip Code

49418-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	0

Transaction ID: SA11.13972838

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2473 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FLORA M. YERKOVICH

Mailing Address 2102 N CHESTNUT CIR.

City

MESA

State

AZ

Zip Code

85213-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLONAIRE FAR & CARE

Occupation

CAREGIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13932684

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FLORA M. YERKOVICH

Mailing Address 2102 N CHESTNUT CIR.

City

MESA

State

AZ

Zip Code

85213-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLONAIRE FAR & CARE

Occupation

CAREGIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13959617

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES YEUNG

Mailing Address 7301 N LINCOLN AVE  
# 205

City

LINCOLNWOOD

State

IL

Zip Code

60712-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTER FOR RENAL REPLACEMENT - UPTOWN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13943357

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2474 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN I. YKEMA

Mailing Address 1343 W BALTIMORE PIKE APT. E41

City

MEDIA

State

PA

Zip Code

19063-5519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L-3 COMMUNICATIONS

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968102

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALBERTA M. YOKIMCUS

Mailing Address 1 ROYAL OAKS DR.

City

CHARLEROI

State

PA

Zip Code

15022-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951588

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

R. YOLITZ

Mailing Address 820 HOLLAND CT.

City

HAMPTON

State

GA

Zip Code

30228-3399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICAL THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940681

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2475 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL YONG

Mailing Address 1550 LOWES DR STE F

City

MURRAY

State

KY

Zip Code

42071-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUGUST MOON

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13951555

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RAY YONKER

Mailing Address 961 N FLETCHER AVE

City

VALLEY STREAM

State

NY

Zip Code

11580-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13935205

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RAY YONKER

Mailing Address 961 N FLETCHER AVE

City

VALLEY STREAM

State

NY

Zip Code

11580-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13946657

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2476 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. EMILIE S. YORK

Mailing Address 721 SPYGLASS DR

City

EUGENE

State

OR

Zip Code

97401-7611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11.13972788

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JESSIE N. YORK

Mailing Address 1016 DRAPER STREET

City

ASHEBORO

State

NC

Zip Code

27203-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13942790

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE R. YOST

Mailing Address 16295 WILD BERRY RD

City

MORRISON

State

CO

Zip Code

80465-2187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13962727

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2477 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHELE YOST

Mailing Address 3403 STANOLIND

City

MIDLAND

State

TX

Zip Code

79707-6653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDLAN ISD

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940931

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KATHERINE J. YUELL

Mailing Address 3910 BALDWIN RD.

City

CHESTER

State

VA

Zip Code

23831-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941532

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DARRELL L. YOUNG

Mailing Address 1803 N. 4TH ST.

City

GRAND JCT

State

CO

Zip Code

81501-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C.Y. INSURANCE SERVICE

Occupation  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956645

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2478 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID JOSEPH YOUNG

Mailing Address 305 SPRING BRANCH RD SW

City

SUPPLY

State

NC

Zip Code

28462-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13939621

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD YOUNG

Mailing Address 1301 E 12TH. ST.

City

JOPLIN

State

MO

Zip Code

64801-5056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13950220

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GRANT C. YOUNG

Mailing Address 23633 CARROLL RD

City

LANARK

State

IL

Zip Code

61046-8890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13948567

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2479 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. YOUNG

Mailing Address 100 N. CORPORATE DR - SUITE 10

City

BROOKFIELD

State

WI

Zip Code

53045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIVERSIFIED INSURANCE SER-  
VICES

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964533

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JENNIFER B. YOUNG

Mailing Address 400 HANSON LANE

City

ALEXANDRIA

State

VA

Zip Code

22302-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TARPLIN, DOWNS, & YOUNG  
LLC

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959353

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. YOUNG

Mailing Address 225 STARLYN AVE

City

NEW ALBANY

State

MS

Zip Code

38652-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11.13967625

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2480 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA YOUNG

Mailing Address 1304 RICHARD STREET

City

MIAMISBURG

State

OH

Zip Code

45342-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13928871

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. YOUNG

Mailing Address 400 WESLEY DR APT 466

City

ASHEVILLE

State

NC

Zip Code

28803-7306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961935

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT W. YOUNG

Mailing Address 125 BONNE TERRE DR.

City

EADS

State

TN

Zip Code

38028-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEEDS INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13969153

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2481 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT W. YOUNG

Mailing Address 125 BONNE TERRE DR.

City

EADS

State

TN

Zip Code

38028-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEEDS INC.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA11.13969189

Amount of Each Receipt this Period

1.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS P. YOUNG

Mailing Address 7 CENTER XING

City

FAIRPORT

State

NY

Zip Code

14450-8715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARTS, SEARST & EMERY, LLPOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961396

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. YOUNGMAN

Mailing Address PO BOX 705

City

WEST LIBERTY

State

OH

Zip Code

43357-0705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MY DEVELOPMENT LTD.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13959040

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

601.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2482 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. OPAL YOUNTS

Mailing Address 1302 TOM TEMPLE DR. APT. 411

City

LUFKIN

State

TX

Zip Code

75904-5514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13931590

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT S. YUHAS

Mailing Address 530 LOMAS SANTA FE DR  
# O

City

SOLANA BEACH

State

CA

Zip Code

92075-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBERT S YUHAS MD INC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13928859

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LEANN J. ZABLOTNEY

Mailing Address 801 16TH AVENUE SE

City

MINOT

State

ND

Zip Code

58701-6772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAGIC CITY IMPLEMENT

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13951461

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

520.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2483 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS. MARILYN ZAKLAN**

Mailing Address **14500 FRUITVALE AVE**  
**APT 4106**

City State Zip Code  
**SARATOGA CA 95070-6192**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA11.13951302

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ALBERT S. ZAMBONE**

Mailing Address **115 STATHEMS NECK RD**

City State Zip Code  
**GREENWICH NJ 08323-2422**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13939246

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MS. INEZ B. ZARING COURTADE**

Mailing Address **3950 SCENIC RIDGE #247**

City State Zip Code  
**TRAVERSE CITY MI 49684-3908**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA11.13954297

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**740.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2484 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERNIE PAUL ZARLENGO

Mailing Address 2550 E FLORA PL

City

DENVER

State

CO

Zip Code

80210-6826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940431

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERNIE PAUL ZARLENGO

Mailing Address 2550 E FLORA PL

City

DENVER

State

CO

Zip Code

80210-6826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968346

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANNE C. ZARTMAN

Mailing Address 1212 FOREST HILLS DR

City

LAUREL

State

MS

Zip Code

39440-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13931636

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2485 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**LORENA ZATCOFF**

Mailing Address **3 LEIGHTON COURT**

City State Zip Code  
**ATLANTA GA 30327-4308**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13931863

Amount of Each Receipt this Period

175.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**H W. ZEANA**

Mailing Address **11017 MOUNT CHARRON RD NW**

City State Zip Code  
**HUNTSVILLE AL 35810-1228**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13928343

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**H W. ZEANA**

Mailing Address **11017 MOUNT CHARRON RD NW**

City State Zip Code  
**HUNTSVILLE AL 35810-1228**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 1 0**

Transaction ID: SA11.13941626

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2486 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD H. ZECH

Mailing Address 28 PENINSULA ROAD

City

BELVEDERE

State

CA

Zip Code

94920-2326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13929752

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE P. ZEIGLER

Mailing Address 405 N. WILDWOOD LN.

City

MUNCIE

State

IN

Zip Code

47304-3974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13945758

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT K. ZEITLER, SR.

Mailing Address 1209 DIAMOND VALLEY DR.

City

HIGH RIDGE

State

MO

Zip Code

63049-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13940923

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2487 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAM ZELL

Mailing Address 2 NORTH RIVERSIDE PLAZA  
SUITE 600City State Zip Code  
CHICAGO IL 60606-2627FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EQUITY GROUP INVESTMENTSOccupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961174

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAM ZELTSER

Mailing Address 4320 PARK AVE

City State Zip Code  
BRONX NY 10457-2442FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SVYZ TRADING CORPORATIONOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13964440

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW J. ZENTNER

Mailing Address 116 PINE ST.

City State Zip Code  
RICHLAND CENTER WI 53581-9204FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933823

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2488 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW J. ZENTNER

Mailing Address 116 PINE ST.

City

**RICHLAND CENTER**

State

**WI**

Zip Code

**53581-9204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**238.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13934668

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW J. ZENTNER

Mailing Address 116 PINE ST.

City

**RICHLAND CENTER**

State

**WI**

Zip Code

**53581-9204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**238.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 8 / 2 0 1 0**

Transaction ID: SA11.13935949

Amount of Each Receipt this Period

**1.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW J. ZENTNER

Mailing Address 116 PINE ST.

City

**RICHLAND CENTER**

State

**WI**

Zip Code

**53581-9204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**238.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13949338

Amount of Each Receipt this Period

**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**71.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2489 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JAY ZERFOSS**

Mailing Address **2500 SOUTH CT**

City State Zip Code  
**PALO ALTO CA 94301-4240**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 21 / 2010**

Transaction ID: SA11.13942869

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. EARL R. ZESCH**

Mailing Address **265 PARKLAND AVENUE**

City State Zip Code  
**SAINT LOUIS MO 63122-4709**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**226.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13953561

Amount of Each Receipt this Period

**26.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**MR. ZI ZHANG**

Mailing Address **3543 88TH ST  
 2ND FL**

City State Zip Code  
**JACKSON HEIGHTS NY 11372-5641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**10 / 25 / 2010**

Transaction ID: SA11.13954114

Amount of Each Receipt this Period

**160.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**236.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2490 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANNA F. ZIEGER

Mailing Address 735 SUSQUEHANNA RD APT F18

City

FORT WASHINGTON

State

PA

Zip Code

19034-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

771.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13941592

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MILTON A. ZIMMERMAN

Mailing Address 210 WOODSIDE DRIVE

City

LUMBERTON

State

NJ

Zip Code

08048-5278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13949764

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VERONICA E. ZIMMERMAN

Mailing Address 222 HERITAGE RD APT 114  
APARTMENT 114

City

GUILDERLAND

State

NY

Zip Code

12084-9671

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930540

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

171.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2491 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. VERONICA E. ZIMMERMAN**

Mailing Address **222 HERITAGE RD APT 114**  
**APARTMENT 114**

City State Zip Code  
**GUILDERLAND NY 12084-9671**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**511.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

**Transaction ID: SA11.13949459**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**MS. VERONICA E. ZIMMERMAN**

Mailing Address **222 HERITAGE RD APT 114**  
**APARTMENT 114**

City State Zip Code  
**GUILDERLAND NY 12084-9671**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**511.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

**Transaction ID: SA11.13950318**

Amount of Each Receipt this Period

**20.00**

**CONTRIBUTION**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. DARTON J. ZINK**

Mailing Address **22151 EAST 91ST STREET**

City State Zip Code  
**BROKEN ARROW OK 74014-3250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ZEECO, INC.**

Occupation  
**PRESIDENT & CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

**Transaction ID: SA11.13966030**

Amount of Each Receipt this Period

**1000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) .....

**1040.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2492 / 3187  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**STEPHEN ZINKGRAF**

Mailing Address **221 DEER TRAIL**

City State Zip Code  
**SAN MARCOS TX 78666-8935**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**660.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11.13948217**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**MR. R. B. ZINSER**

Mailing Address **3158 ORLEANS E.**

City State Zip Code  
**SAN DIEGO CA 92110-5946**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**10 / 22 / 2010**

**Transaction ID: SA11.13950283**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT B. ZINSER**

Mailing Address **3158 ORLEANS E**

City State Zip Code  
**SAN DIEGO CA 92110-5946**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**11 / 16 / 2010**

**Transaction ID: SA11.13969171**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2493 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SANDRA M. ZIRNGIBL

Mailing Address 1690 AMARILLO STREET NW

City

NORTH CANTON

State

OH

Zip Code

44720-6171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13957715

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANE S. ZIRNKILTON

Mailing Address P.O. BOX 127

City

SEAL HARBOR

State

ME

Zip Code

04675-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.13964777

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOYCE B. ZITZOW

Mailing Address 18808 WHIRLAWAY ROAD

City

EAGLE RIVER

State

AK

Zip Code

99577-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13930673

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2494 / 3187

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOYCE B. ZITZOW

Mailing Address 18808 WHIRLAWAY ROAD

City

EAGLE RIVER

State

AK

Zip Code

99577-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966155

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA H. ZLOTUCHA

Mailing Address P.O. BOX 281

City

JOHNSON

State

VT

Zip Code

05656-0281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13947104

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY L. ZOBEL

Mailing Address 36727 S OCOTILLO CANYON DR.

City

TUCSON

State

AZ

Zip Code

85739-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13933139

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

111.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2495 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAY L. ZOBEL

Mailing Address 36727 S OCOTILLO CANYON DR.

City

TUCSON

State

AZ

Zip Code

85739-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13951852

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAY L. ZOBEL

Mailing Address 36727 S OCOTILLO CANYON DR.

City

TUCSON

State

AZ

Zip Code

85739-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13954165

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY L. ZOBEL

Mailing Address 36727 S OCOTILLO CANYON DR.

City

TUCSON

State

AZ

Zip Code

85739-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956894

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2496 / 3187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH M. ZOELLER

Mailing Address 65792 702 RD

City

FALLS CITY

State

NE

Zip Code

68355-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13956160

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERIC ZORN

Mailing Address 10 ST. ANDREWS DR.

City

ROGERS

State

AR

Zip Code

72758-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALMART REALTY COMPANY

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11.13966050

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SCOTT ZORTMAN

Mailing Address 907 LENOX WAY

City

ATLANTA

State

GA

Zip Code

30324-2870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLENNIUM 12 CHEMICALS

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13932158

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2497 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MR. DONALD ZUCKER

Mailing Address 101 W 55TH STREET

City State Zip Code  
NEW YORK NY 10019-5343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DONALD ZUCKER COMPANY

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951174

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
CHRISTINE ZUNDRITSCH

Mailing Address 4610 61ST. ST. APT. 4D

City State Zip Code  
WOODSIDE NY 11377-5719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13931080

Amount of Each Receipt this Period

80.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
CHRISTINE ZUNDRITSCH

Mailing Address 4610 61ST. ST. APT. 4D

City State Zip Code  
WOODSIDE NY 11377-5719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13940059

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5160.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2498 / 3187

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRISTINE ZUNDRITSCH

Mailing Address 4610 61ST. ST. APT. 4D

City

WOODSIDE

State

NY

Zip Code

11377-5719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13940802

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BREWSTER/JORY ASSOCIATES, LLC

Mailing Address 499 SOUTH CAPITOL STREET, SW  
SUITE 608

City

WASHINGTON

State

DC

Zip Code

20003-4049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13959354

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED**C.**

Full Name (Last, First, Middle Initial)

FOOD DIRECTIONS, LLC

Mailing Address 4806 WESTARD VIEW ROAD

City

SHADY SIDE

State

MD

Zip Code

20764-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13966021

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

SUBTOTAL of Receipts This Page (optional) .....

6060.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2499 / 3187  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
GREENSPRING ASSOCIATES,LLC

Mailing Address 100 PAINTERS MILL ROAD

City State Zip Code  
FOREST HILL MD 21117-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13961260

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

B.

Full Name (Last, First, Middle Initial)  
JAWA, LLC

Mailing Address 15111 NORTH PIMA ROAD  
SUITE 200

City State Zip Code  
SCOTTSDALE AZ 85260-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932368

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

C.

Full Name (Last, First, Middle Initial)  
OSAGE NATION

Mailing Address 627 GRANDVIEW AVENUE

City State Zip Code  
PAWHUSKA OK 74056-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13966038

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

35500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2500 / 3187

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REDDING RANCHERIA ECONOMIC DEV., LLC

Mailing Address 2000 REDDING RANCHERIA RD.

City

REDDING

State

CA

Zip Code

96001-5528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951139

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

SUBTOTAL of Receipts This Page (optional) .....

2400.00

TOTAL This Period (last page this line number only) .....

3189252.68



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2501 / 3187

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CONNECTICUT REPUBLICANS- FEDERAL

Mailing Address 321 ELLIS STREET  
BUILDING 17, UNIT 501

City	State	Zip Code
NEW BRITAIN	CT	06051-3504

FEC ID number of contributing  
federal political committee.**C** C00023838

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13957982

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

10000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2502 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City

TARPON SPRINGS

State

FL

Zip Code

34688-0606

FEC ID number of contributing  
federal political committee.**C**

C00408534

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

199000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13945270

Amount of Each Receipt this Period

8000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

BILL CASSIDY FOR CONGRESS

Mailing Address 8550 UNITED PLAZA BLVD.  
SUITE 1001

City

BATON ROUGE

State

LA

Zip Code

70809-2256

FEC ID number of contributing  
federal political committee.**C**

C00451807

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13942489

Amount of Each Receipt this Period

100000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City

HOLLIDAYSBURG

State

PA

Zip Code

16648-0027

FEC ID number of contributing  
federal political committee.**C**

C00364935

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

53000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13951170

Amount of Each Receipt this Period

50000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

158000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2503 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRIAN BILBRAY FOR CONGRESS

Mailing Address 970 SEACOAST DRIVE #7

City

IMPERIAL BEACH

State

CA

Zip Code

91932-2402

FEC ID number of contributing  
federal political committee.**C**

C00300830

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

114100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951166

Amount of Each Receipt this Period

32200.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

BUCK MCKEON FOR CONGRESS

Mailing Address 23942 LYONS AVENUE  
SUITE 105

City

SANTA CLARITA

State

CA

Zip Code

91321-2428

FEC ID number of contributing  
federal political committee.**C**

C00258244

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

382800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957914

Amount of Each Receipt this Period

15000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

BUCK MCKEON FOR CONGRESS

Mailing Address 23942 LYONS AVENUE  
SUITE 105

City

SANTA CLARITA

State

CA

Zip Code

91321-2428

FEC ID number of contributing  
federal political committee.**C**

C00258244

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

382800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961187

Amount of Each Receipt this Period

20000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

67200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2504 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
CANDICE MILLER FOR CONGRESS

Mailing Address 28840 OLD NORTH RIVER ROAD

City	State	Zip Code
HARRISON TOWNSHIP	MI	48045-1622

FEC ID number of contributing  
federal political committee. **C** C00365593

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11.13932367

Amount of Each Receipt this Period

100000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
CATHY MCMORRIS FOR CONGRESS

Mailing Address P.O. BOX 137

City	State	Zip Code
SPOKANE	WA	99210-0137

FEC ID number of contributing  
federal political committee. **C** C00390476

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13942478

Amount of Each Receipt this Period

100000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
CHARLES BOUSTANY JR. M.D. FOR CONGRESS INC.

Mailing Address P.O. BOX 80126

City	State	Zip Code
LAFAYETTE	LA	70598-0126

FEC ID number of contributing  
federal political committee. **C** C00394866

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13951172

Amount of Each Receipt this Period

50000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

250000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2505 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
CHARLIE DENT FOR CONGRESS

Mailing Address P.O. BOX 442

City

ALLENTOWN

State

PA

Zip Code

18105-0442

FEC ID number of contributing  
federal political committee.**C**

C00386847

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

94508.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951171

Amount of Each Receipt this Period

15000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
CHARLIE DENT FOR CONGRESS

Mailing Address P.O. BOX 442

City

ALLENTOWN

State

PA

Zip Code

18105-0442

FEC ID number of contributing  
federal political committee.**C**

C00386847

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

94508.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957912

Amount of Each Receipt this Period

20000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
CHARLIE DENT FOR CONGRESS

Mailing Address P.O. BOX 442

City

ALLENTOWN

State

PA

Zip Code

18105-0442

FEC ID number of contributing  
federal political committee.**C**

C00386847

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

94508.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961188

Amount of Each Receipt this Period

12500.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

47500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2506 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
CITIZEN TO ELECT PHIL ROE TO CONGRESS

Mailing Address PO BOX 3218

City	State	Zip Code
JOHNSON CITY	TN	37602-3218

FEC ID number of contributing  
federal political committee. **C** C00444471

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13966036

Amount of Each Receipt this Period

9000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT RON PAUL

Mailing Address 837 W. PLANTATION DRIVE

City	State	Zip Code
CLUTE	TX	77531-5224

FEC ID number of contributing  
federal political committee. **C** C00305342

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13942474

Amount of Each Receipt this Period

10000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT CONGRESSMAN CHRIS SMITH

Mailing Address PO BOX 3184

City	State	Zip Code
HAMILTON	NJ	08619-0184

FEC ID number of contributing  
federal political committee. **C** C00096412

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13951159

Amount of Each Receipt this Period

25000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

44000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2507 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRABACHER

Mailing Address P.O. BOX 823

City

HUNTINGTON BEACH

State

CA

Zip Code

92648-0823

FEC ID number of contributing  
federal political committee.**C**

C00224691

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

69500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957910

Amount of Each Receipt this Period

59500.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address P.O. BOX 8105

City

GLENDALE

State

AZ

Zip Code

85312-8105

FEC ID number of contributing  
federal political committee.**C**

C00367110

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

124721.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13959366

Amount of Each Receipt this Period

30000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address P.O. BOX 1444

City

ENNIS

State

TX

Zip Code

75120-1444

FEC ID number of contributing  
federal political committee.**C**

C00195065

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951162

Amount of Each Receipt this Period

150000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

239500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2508 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 4963 BEACH BLVD.  
SUITE 1

City

JACKSONVILLE

State

FL

Zip Code

32207-4802

FEC ID number of contributing  
federal political committee.**C**

C00352849

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

130000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13951161

Amount of Each Receipt this Period

70000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 721789

City

OKLAHOMA CITY

State

OK

Zip Code

73172-1789

FEC ID number of contributing  
federal political committee.**C**

C00466482

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11.13942493

Amount of Each Receipt this Period

5000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City

MORRISTOWN

State

NJ

Zip Code

07960-6839

FEC ID number of contributing  
federal political committee.**C**

C00148684

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11.13972721

Amount of Each Receipt this Period

105000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

180000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2509 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CONNIE MACK

Mailing Address P.O. BOX 65075

City

WASHINGTON

State

DC

Zip Code

20035-5075

FEC ID number of contributing  
federal political committee.**C**

C00391243

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13932365

Amount of Each Receipt this Period

40000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD  
SUITE 1-2

City

WEST CHESTER

State

OH

Zip Code

45069-6602

FEC ID number of contributing  
federal political committee.**C**

C00237198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3145000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942486

Amount of Each Receipt this Period

500000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City

UNIONVILLE

State

PA

Zip Code

19375-0775

FEC ID number of contributing  
federal political committee.**C**

C00310136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

127250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942490

Amount of Each Receipt this Period

10000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

550000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2510 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City

UNIONVILLE

State

PA

Zip Code

19375-0775

FEC ID number of contributing  
federal political committee.**C**

C00310136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

127250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942491

Amount of Each Receipt this Period

60000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City

EDEN PRAIRIE

State

MN

Zip Code

55344-1369

FEC ID number of contributing  
federal political committee.**C**

C00439661

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945269

Amount of Each Receipt this Period

5000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City

SILVER SPRINGS

State

FL

Zip Code

34489-0308

FEC ID number of contributing  
federal political committee.**C**

C00229377

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951160

Amount of Each Receipt this Period

35000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

100000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2511 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City

SILVER SPRINGS

State

FL

Zip Code

34489-0308

FEC ID number of contributing  
federal political committee.**C**

C00229377

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951164

Amount of Each Receipt this Period

250000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City

UNIONVILLE

State

PA

Zip Code

19375-0775

FEC ID number of contributing  
federal political committee.**C**

C00310136

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

127250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11.13957941

Amount of Each Receipt this Period

17250.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN THOMPSON

Mailing Address P.O. BOX 1066

City

LEWISTOWN

State

PA

Zip Code

17044-1066

FEC ID number of contributing  
federal political committee.**C**

C00444620

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

111600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961189

Amount of Each Receipt this Period

25000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

292250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2512 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD  
SUITE 1-2

City State Zip Code  
WEST CHESTER OH 45069-6602

FEC ID number of contributing  
federal political committee. **C** C00237198

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3145000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.13966020

Amount of Each Receipt this Period

845000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JEB HENSARLING

Mailing Address P.O. BOX 820504

City State Zip Code  
DALLAS TX 75382-0504

FEC ID number of contributing  
federal political committee. **C** C00370650

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11.13970895

Amount of Each Receipt this Period

85000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

GALLEGLY FOR CONGRESS

Mailing Address P.O. BOX 940001

City State Zip Code  
SIMI VALLEY CA 93094-0001

FEC ID number of contributing  
federal political committee. **C** C00194803

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948211

Amount of Each Receipt this Period

90000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

1020000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2513 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY MILLER FOR CONGRESS

Mailing Address 721 BREA CANYON ROAD  
SUITE 7City State Zip Code  
WALNUT CA 91789-3039FEC ID number of contributing  
federal political committee.**C** C00331496

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

171400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA11.13945268

Amount of Each Receipt this Period

44400.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

GARY MILLER FOR CONGRESS

Mailing Address 721 BREA CANYON ROAD  
SUITE 7City State Zip Code  
WALNUT CA 91789-3039FEC ID number of contributing  
federal political committee.**C** C00331496

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

171400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961243

Amount of Each Receipt this Period

40000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address P.O. BOX U

City State Zip Code  
MARIETTA GA 30061-1077FEC ID number of contributing  
federal political committee.**C** C00370783

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

154500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966046

Amount of Each Receipt this Period

1500.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

85900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2514 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 GRAND BLVD.  
SUITE 2400

City State Zip Code  
KANSAS CITY MO 64108-2642

FEC ID number of contributing  
federal political committee.

**C** C00359034

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220234.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945265

Amount of Each Receipt this Period

50000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 GRAND BLVD.  
SUITE 2400

City State Zip Code  
KANSAS CITY MO 64108-2642

FEC ID number of contributing  
federal political committee.

**C** C00359034

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220234.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961184

Amount of Each Receipt this Period

35234.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

HOOSIERS SUPPORTING BUYER FOR CONGRESS

Mailing Address 200 N. MAIN STREET  
P.O. BOX 712

City State Zip Code  
MONTICELLO IN 47960-2131

FEC ID number of contributing  
federal political committee.

**C** C00255471

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942487

Amount of Each Receipt this Period

28000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

113234.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2515 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HUIZENGA FOR CONGRESS

Mailing Address PO BOX 254

City

ZEELAND

State

MI

Zip Code

49464-0254

FEC ID number of contributing  
federal political committee.

**C**

C00459297

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942482

Amount of Each Receipt this Period

10000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

HUIZENGA FOR CONGRESS

Mailing Address PO BOX 254

City

ZEELAND

State

MI

Zip Code

49464-0254

FEC ID number of contributing  
federal political committee.

**C**

C00459297

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961190

Amount of Each Receipt this Period

25000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

ISSA FOR CONGRESS

Mailing Address P.O. BOX 760

City

VISTA

State

CA

Zip Code

92085-0760

FEC ID number of contributing  
federal political committee.

**C**

C00350520

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961183

Amount of Each Receipt this Period

10000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2516 / 3187

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFF FLAKE FOR CONGRESS

Mailing Address P.O. BOX 21447

City

MESA

State

AZ

Zip Code

85277-1447

FEC ID number of contributing  
federal political committee.

**C**

C00347260

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951168

Amount of Each Receipt this Period

30000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

JEFF MILLER FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City

TAMPA

State

FL

Zip Code

33606-2693

FEC ID number of contributing  
federal political committee.

**C**

C00366757

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957944

Amount of Each Receipt this Period

28500.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS

Mailing Address P.O. BOX 87

City

UWCHLAND

State

PA

Zip Code

19480-0087

FEC ID number of contributing  
federal political committee.

**C**

C00372102

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957911

Amount of Each Receipt this Period

25000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

83500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2517 / 3187  
(check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS

Mailing Address P.O. BOX 87

City

UWCHLAND

State

PA

Zip Code

19480-0087

FEC ID number of contributing  
federal political committee.

C

C00372102

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

155600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	1	0

Transaction ID: SA11.13970894

Amount of Each Receipt this Period

31600.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

JO BONNER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 851232

City

MOBILE

State

AL

Zip Code

36685-1232

FEC ID number of contributing  
federal political committee.

C

C00375220

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

176300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11.13951167

Amount of Each Receipt this Period

48300.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

JOHN CAMPBELL FOR CONGRESS

Mailing Address 4590 MACARTHUR BLVD  
STE 500

City

NEWPORT BEACH

State

CA

Zip Code

92660-2028

FEC ID number of contributing  
federal political committee.

C

C00412312

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

140000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13942480

Amount of Each Receipt this Period

35000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

114900.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2518 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUDY BIGGERT FOR CONGRESS

Mailing Address P.O. BOX 637

City

HINSDALE

State

IL

Zip Code

60522-0637

FEC ID number of contributing  
federal political committee.**C**

C00330241

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13942475

Amount of Each Receipt this Period

200000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

JUDY BIGGERT FOR CONGRESS

Mailing Address P.O. BOX 637

City

HINSDALE

State

IL

Zip Code

60522-0637

FEC ID number of contributing  
federal political committee.**C**

C00330241

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961241

Amount of Each Receipt this Period

50000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

KEN CALVERT FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 20123

City

RIVERSIDE

State

CA

Zip Code

92516-0123

FEC ID number of contributing  
federal political committee.**C**

C00257337

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961242

Amount of Each Receipt this Period

25000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

275000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2519 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KEN MARCHANT FOR CONGRESS

Mailing Address P.O. BOX 110187

City

CARROLLTON

State

TX

Zip Code

75011-0187

FEC ID number of contributing  
federal political committee.

**C**

C00393348

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957909

Amount of Each Receipt this Period

25000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

KEN MARCHANT FOR CONGRESS

Mailing Address P.O. BOX 110187

City

CARROLLTON

State

TX

Zip Code

75011-0187

FEC ID number of contributing  
federal political committee.

**C**

C00393348

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961246

Amount of Each Receipt this Period

15000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. BOX 12667

City

BAKERSFIELD

State

CA

Zip Code

93389-2667

FEC ID number of contributing  
federal political committee.

**C**

C00420935

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13957943

Amount of Each Receipt this Period

50000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

90000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2520 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
KING FOR CONGRESS

Mailing Address P.O. BOX 400

City	State	Zip Code
EARLY	IA	50535-0400

FEC ID number of contributing  
federal political committee.**C** C00373563

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13932247

Amount of Each Receipt this Period

40000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
KLINE FOR CONGRESSMailing Address 101 W. BURNSVILLE PARKWAY  
SUITE 104

City	State	Zip Code
BURNSVILLE	MN	55337-2571

FEC ID number of contributing  
federal political committee.**C** C00326629

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300800.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942488

Amount of Each Receipt this Period

85000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
KLINE FOR CONGRESSMailing Address 101 W. BURNSVILLE PARKWAY  
SUITE 104

City	State	Zip Code
BURNSVILLE	MN	55337-2571

FEC ID number of contributing  
federal political committee.**C** C00326629

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300800.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	1	0

Transaction ID: SA11.13967221

Amount of Each Receipt this Period

10000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

135000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2521 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
LANCE FOR CONGRESS

Mailing Address P.O. BOX 225

City	State	Zip Code
COLONIA	NJ	07067-0225

FEC ID number of contributing  
federal political committee.**C** C00444224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11.13957913

Amount of Each Receipt this Period

35000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
LATHAM FOR CONGRESS

Mailing Address P.O. BOX 71

City	State	Zip Code
CLARION	IA	50525-0071

FEC ID number of contributing  
federal political committee.**C** C00287045

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

137500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13959363

Amount of Each Receipt this Period

8200.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
LATTA FOR CONGRESS

Mailing Address 300 N. MAIN STREET

City	State	Zip Code
BOWLING GREEN	OH	43402-2423

FEC ID number of contributing  
federal political committee.**C** C00438697

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13961191

Amount of Each Receipt this Period

2500.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

45700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2522 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LOBIONDO FOR CONGRESS

Mailing Address P.O. BOX 775

City

MARMORA

State

NJ

Zip Code

08223-0775

FEC ID number of contributing  
federal political committee.

**C**

C00269340

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951163

Amount of Each Receipt this Period

50000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

LUCAS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1726

City

OKLAHOMA CITY

State

OK

Zip Code

73101-1726

FEC ID number of contributing  
federal political committee.

**C**

C00287912

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961240

Amount of Each Receipt this Period

13000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

MANZULLO FOR CONGRESS

Mailing Address P.O. BOX 7783

City

ROCKFORD

State

IL

Zip Code

61126-7783

FEC ID number of contributing  
federal political committee.

**C**

C00252973

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13966041

Amount of Each Receipt this Period

25000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

88000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2523 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MANZULLO FOR CONGRESS

Mailing Address P.O. BOX 7783

City

ROCKFORD

State

IL

Zip Code

61126-7783

FEC ID number of contributing  
federal political committee.**C**

C00252973

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11.13968713

Amount of Each Receipt this Period

25000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO BOX 682185

City

FRANKLIN

State

TN

Zip Code

37068-2185

FEC ID number of contributing  
federal political committee.**C**

C00376939

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11.13942477

Amount of Each Receipt this Period

50000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City

HICKORY

State

NC

Zip Code

28603-1406

FEC ID number of contributing  
federal political committee.**C**

C00393629

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

48000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11.13966047

Amount of Each Receipt this Period

1000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

76000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2524 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICA FOR CONGRESS

Mailing Address P.O. BOX 181546

City

CASSELBERRY

State

FL

Zip Code

32718-1546

FEC ID number of contributing  
federal political committee.**C**

C00283051

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957908

Amount of Each Receipt this Period

1100.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

OLSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 16381

City

SUGAR LAND

State

TX

Zip Code

77496-6381

FEC ID number of contributing  
federal political committee.**C**

C00437913

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

77750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11.13942481

Amount of Each Receipt this Period

20000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

OLSON FOR CONGRESS

Mailing Address 16850 DIANA LANE SUITE A.

City

HOUSTON

State

TX

Zip Code

77058

FEC ID number of contributing  
federal political committee.**C**

C00437913

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1342.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11C.13977521

Amount of Each Receipt this Period

21.91

TRANSFER

IN-KIND: SHIPPING

SUBTOTAL of Receipts This Page (optional) .....

21121.91

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2525 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
OLSON FOR CONGRESS

Mailing Address 16850 DIANA LANE SUITE A.

City	State	Zip Code
HOUSTON	TX	77058

FEC ID number of contributing  
federal political committee.**C** C00437913

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1342.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: SA11C.13977522

Amount of Each Receipt this Period

1320.21

TRANSFER

IN-KIND: INVITATIONS AND  
POSTAGE**B.**Full Name (Last, First, Middle Initial)  
PAUL BROUN COMMITTEE

Mailing Address 1221 KNOB CREEK DRIVE

City	State	Zip Code
ATHENS	GA	30606-7040

FEC ID number of contributing  
federal political committee.**C** C00432955

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13932366

Amount of Each Receipt this Period

48000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
PAUL BROUN COMMITTEE

Mailing Address 1221 KNOB CREEK DRIVE

City	State	Zip Code
ATHENS	GA	30606-7040

FEC ID number of contributing  
federal political committee.**C** C00432955

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961192

Amount of Each Receipt this Period

10000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

59320.21

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2526 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
PETE KING FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1428

City	State	Zip Code
SEAFORD	NY	11783-0257

FEC ID number of contributing  
federal political committee. **C** C00272211

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13932246

Amount of Each Receipt this Period

50000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
PETE KING FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1428

City	State	Zip Code
SEAFORD	NY	11783-0257

FEC ID number of contributing  
federal political committee. **C** C00272211

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945263

Amount of Each Receipt this Period

100000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City	State	Zip Code
ROSWELL	GA	30077-0425

FEC ID number of contributing  
federal political committee. **C** C00386755

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961185

Amount of Each Receipt this Period

20000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

170000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2527 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROB WITTMAN FOR CONGRESS

Mailing Address P.O. BOX 999

City

MONTROSS

State

VA

Zip Code

22520-0999

FEC ID number of contributing  
federal political committee.

**C**

C00441014

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951165

Amount of Each Receipt this Period

50000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

ROBERT ADERHOLT FOR CONGRESS

Mailing Address P.O. BOX 1158

City

HALEYVILLE

State

AL

Zip Code

35565-1158

FEC ID number of contributing  
federal political committee.

**C**

C00313247

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13965487

Amount of Each Receipt this Period

35000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address 319 NANCYS ROAD

City

QUITMAN

State

LA

Zip Code

71268-1108

FEC ID number of contributing  
federal political committee.

**C**

C00376749

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961245

Amount of Each Receipt this Period

80000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

165000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2528 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1113

City

ANNISTON

State

AL

Zip Code

36202-1113

FEC ID number of contributing  
federal political committee.

**C**

C00367862

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942476

Amount of Each Receipt this Period

50600.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

ROGERS FOR CONGRESS

Mailing Address P.O. BOX 581

City

BRIGHTON

State

MI

Zip Code

48116-0581

FEC ID number of contributing  
federal political committee.

**C**

C00343863

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

128000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945266

Amount of Each Receipt this Period

100000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

ROS-LEHTINEN FOR CONGRESS

Mailing Address PO BOX 522784

City

MIAMI

State

FL

Zip Code

33152-2784

FEC ID number of contributing  
federal political committee.

**C**

C00280537

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

71350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932363

Amount of Each Receipt this Period

20000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

170600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2529 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ROS-LEHTINEN FOR CONGRESS

Mailing Address PO BOX 522784

City State Zip Code  
MIAMI FL 33152-2784

FEC ID number of contributing  
federal political committee. **C** C00280537

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

71350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957907

Amount of Each Receipt this Period

1100.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)  
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address PO BOX 713

City State Zip Code  
WHEATON IL 60187-0713

FEC ID number of contributing  
federal political committee. **C** C00410969

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959364

Amount of Each Receipt this Period

50000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)  
RYAN FOR CONGRESS

Mailing Address P.O. BOX 1919

City State Zip Code  
JANESVILLE WI 53547-1919

FEC ID number of contributing  
federal political committee. **C** C00330894

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

156500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942479

Amount of Each Receipt this Period

4000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

55100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2530 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RYAN FOR CONGRESS

Mailing Address P.O. BOX 1919

City

JANESVILLE

State

WI

Zip Code

53547-1919

FEC ID number of contributing  
federal political committee.**C**

C00330894

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

156500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA11.13957942

Amount of Each Receipt this Period

2500.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

TED POE FOR CONGRESS

Mailing Address P.O. BOX 14222

City

HUMBLE

State

TX

Zip Code

77347-4222

FEC ID number of contributing  
federal political committee.**C**

C00392670

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

199722.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13966040

Amount of Each Receipt this Period

28272.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE RD STE 190

City

COLUMBUS

State

OH

Zip Code

43231-2098

FEC ID number of contributing  
federal political committee.**C**

C00347492

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11.13961244

Amount of Each Receipt this Period

25000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

55772.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2531 / 3187

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TIM GRIFFIN FOR CONGRESS COMMITTEE

Mailing Address 11300 CANTRELL ROAD  
AUIITE 301

City State Zip Code  
LITTLE ROCK AR 72212-1841

FEC ID number of contributing  
federal political committee.

**C** C00468116

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942492

Amount of Each Receipt this Period

25000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code  
PITTSBURGH PA 15234-4551

FEC ID number of contributing  
federal political committee.

**C** C00372201

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274623.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951169

Amount of Each Receipt this Period

31000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code  
PITTSBURGH PA 15234-4551

FEC ID number of contributing  
federal political committee.

**C** C00372201

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274623.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13966035

Amount of Each Receipt this Period

100000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

156000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2532 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TIM SCOTT FOR CONGRESS

Mailing Address 1405 ASHLEY RIVER ROAD

City

CHARLESTON

State

SC

Zip Code

29407-5305

FEC ID number of contributing  
federal political committee.**C**

C00476226

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11.13966042

Amount of Each Receipt this Period

20000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

TODD AKIN FOR CONGRESS

Mailing Address P.O. BOX 31222

City

SAINT LOUIS

State

MO

Zip Code

63131-0222

FEC ID number of contributing  
federal political committee.**C**

C00343475

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

101511.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13961186

Amount of Each Receipt this Period

65300.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

TOM REED FOR CONGRESS

Mailing Address P.O. BOX 94

City

CORNING

State

NY

Zip Code

14830-0094

FEC ID number of contributing  
federal political committee.**C**

C00464032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

51006.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11.13959365

Amount of Each Receipt this Period

50000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

135300.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2533 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City	State	Zip Code
SAINT JOSEPH	MI	49085-0490

FEC ID number of contributing  
federal political committee.**C** C00200584

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13932364

Amount of Each Receipt this Period

200000.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 5458

City	State	Zip Code
SPRINGFIELD	IL	62705-5458

FEC ID number of contributing  
federal political committee.**C** C00258855

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945264

Amount of Each Receipt this Period

100000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
WALDEN FOR CONGRESS INC.

Mailing Address P.O. BOX 1091

City	State	Zip Code
HOOD RIVER	OR	97031-0037

FEC ID number of contributing  
federal political committee.**C** C00333427

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945267

Amount of Each Receipt this Period

70000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

370000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2534 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City State Zip Code  
HOPKINSVILLE KY 42241-0391

FEC ID number of contributing  
federal political committee. **C** C00289983

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
221800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959362

Amount of Each Receipt this Period

35000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)  
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City State Zip Code  
HOPKINSVILLE KY 42241-0391

FEC ID number of contributing  
federal political committee. **C** C00289983

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
221800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961239

Amount of Each Receipt this Period

10000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)  
WOMACK FOR CONGRESS

Mailing Address PO BOX 508

City State Zip Code  
ROGERS AR 72757-0508

FEC ID number of contributing  
federal political committee. **C** C00477745

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951173

Amount of Each Receipt this Period

50000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

95000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2535 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADVOCAT INC. PAC

Mailing Address 1621 GALLERIA BLVD.

City

BRENTWOOD

State

TN

Zip Code

37027-2926

FEC ID number of contributing  
federal political committee.**C**

C00421735

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957939

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ALPHA NATURAL RESOURCES (FOUNDATION COAL) PAC

Mailing Address 999 CORPORATE BOULEVARD  
SUITE 300

City

LINTHICUM HEIGHTS

State

MD

Zip Code

21090-2271

FEC ID number of contributing  
federal political committee.**C**

C00348524

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961223

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS PAC

Mailing Address 725 15TH STREET, NW  
SUITE 500

City

WASHINGTON

State

DC

Zip Code

20005-2152

FEC ID number of contributing  
federal political committee.**C**

C00413955

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961198

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2536 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN GASTROENTEROLOGICAL ASSOCIATION

Mailing Address 4720 MONTGOMERY LANE  
SUITE 430

City State Zip Code  
BETHESDA MD 20814-3441

FEC ID number of contributing  
federal political committee. **C** C00423228

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959357

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN MEAT INSTITUTE PAC

Mailing Address 1150 CONNECTICUT AVE. NW  
12TH FLOOR

City State Zip Code  
WASHINGTON DC 20036-4104

FEC ID number of contributing  
federal political committee. **C** C00024281

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11.13967207

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN PODIATRIC MEDICAL ASSOCIATION PAC

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code  
BETHESDA MD 20814-1621

FEC ID number of contributing  
federal political committee. **C** C00008839

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13965485

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2537 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
AMERICANS FOR REPUBLICAN LEADERSHIP PAC

Mailing Address PO BOX 225

City State Zip Code  
COLONIA NJ 07067-0225

FEC ID number of contributing  
federal political committee. **C** C00383422

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
13000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942483

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
AMERICANS FOR REPUBLICAN LEADERSHIP PAC

Mailing Address PO BOX 225

City State Zip Code  
COLONIA NJ 07067-0225

FEC ID number of contributing  
federal political committee. **C** C00383422

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
13000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.13957940

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN PAC (APIPAC)

Mailing Address 8136 OLD KEENE MILL ROAD  
SUITE 300A

City State Zip Code  
SPRINGFIELD VA 22152-1853

FEC ID number of contributing  
federal political committee. **C** C00490573

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13965486

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

14500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2538 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CALPINE CORPORATION PAC

Mailing Address 1401 H. STREET NW  
SUITE 510

City

WASHINGTON

State

DC

Zip Code

20005-2024

FEC ID number of contributing  
federal political committee.**C**

C00362640

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942517

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CAMP DRESSER &amp; MCKEE (CDM NATIONAL) PAC

Mailing Address 1611 N. KENT STREET  
SUITE 300

City

ARLINGTON

State

VA

Zip Code

22209-2111

FEC ID number of contributing  
federal political committee.**C**

C00398222

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961197

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHESAPEAKE ENERGY CORPORATION FED. PAC

Mailing Address PO BOX 18496

City

OKLAHOMA CITY

State

OK

Zip Code

73154-0496

FEC ID number of contributing  
federal political committee.**C**

C00389288

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945259

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

27000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2539 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
CITIGROUP INC. PAC - FEDERAL/STATE

Mailing Address 1101 PENNSYLVANIA AVENUE, NW  
SUITE 1000

City State Zip Code  
WASHINGTON DC 20004-2524

FEC ID number of contributing  
federal political committee. **C** C00039305

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13966044

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
EBAY INC.- COMMITTEE FOR RESPONSIBLE INTERNET COMMERCE

Mailing Address 1250 EYE STREET, NW  
SUITE 1002

City State Zip Code  
WASHINGTON DC 20005-5946

FEC ID number of contributing  
federal political committee. **C** C00342394

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13976591

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
EYE OF THE TIGER PAC

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152-0485

FEC ID number of contributing  
federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961248

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2540 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
FREEDOM PAC

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152-0485

FEC ID number of contributing  
federal political committee. **C** C00482703

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.13932370

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
GOJO PAC

Mailing Address 1330 CONNECTICUT AVENUE NW, SUITE

City State Zip Code  
WASHINGTON DC 20036-1704

FEC ID number of contributing  
federal political committee. **C** C00470286

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13942484

Amount of Each Receipt this Period

16000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
GRANT THORNTON LLP PAC

Mailing Address 1250 CONNECTICUT AVE, NW  
SUITE 400

City State Zip Code  
WASHINGTON DC 20036-2660

FEC ID number of contributing  
federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961195

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

26000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2541 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HOGAN LOVELLS PAC

Mailing Address 555 13TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20004-1109

FEC ID number of contributing  
federal political committee.

**C**

C00261339

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951155

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ICE PAC

Mailing Address 9158 EAST STARING LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2518

FEC ID number of contributing  
federal political committee.

**C**

C00075820

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11.13945230

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

INGRAM BARGE COMPANY PAC

Mailing Address 4400 HARDING ROAD

City

NASHVILLE

State

TN

Zip Code

37205-2204

FEC ID number of contributing  
federal political committee.

**C**

C00364471

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959358

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

17000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2542 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

INTEGRA TELECOM HOLDINGS INC PAC

Mailing Address 1201 NW LLOYD BLVD  
SUITE 500City State Zip Code  
PORTLAND OR 97232-1259FEC ID number of contributing  
federal political committee.**C** C00428094

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 1	/	2 0 1 0

Transaction ID: SA11.13948189

Amount of Each Receipt this Period

7000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

INTERNATIONAL BOTTLED WATER ASSOCIATION PAC

Mailing Address 1700 DIAGONAL ROAD  
SUITE 650City State Zip Code  
ALEXANDRIA VA 22314-2864FEC ID number of contributing  
federal political committee.**C** C00457226

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	1 9	/	2 0 1 0

Transaction ID: SA11.13942519

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA PAC

Mailing Address 10 G ST NE STE 700

City State Zip Code  
WASHINGTON DC 20002-4248FEC ID number of contributing  
federal political committee.**C** C00116145

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 7	/	2 0 1 0

Transaction ID: SA11.13959355

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

14000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2543 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JBS USA, LLC PAC

Mailing Address 1770 PROMONTORY CIRCLE

City

GREELEY

State

CO

Zip Code

80634-9039

FEC ID number of contributing  
federal political committee.

**C**

C00394650

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13965484

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JBS USA, LLC PAC

Mailing Address 1770 PROMONTORY CIRCLE

City

GREELEY

State

CO

Zip Code

80634-9039

FEC ID number of contributing  
federal political committee.

**C**

C00394650

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13976592

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KING PHARMACEUTICALS, INC. PAC

Mailing Address 501 5TH STREET

City

BRISTOL

State

TN

Zip Code

37620-2304

FEC ID number of contributing  
federal political committee.

**C**

C00467829

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.13968712

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

17000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2544 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LABCORP PAC

Mailing Address P.O. BOX 2230

City

BURLINGTON

State

NC

Zip Code

27216-2230

FEC ID number of contributing  
federal political committee.**C**

C00314997

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951157

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MANATT, PHELPS AND PHILLIPS (GOLDEN STATE PAC)

Mailing Address 700 12TH STREET NW  
SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20005-4075

FEC ID number of contributing  
federal political committee.**C**

C00145342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	0

Transaction ID: SA11.13972717

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MCDERMOTT WILL &amp; EMERY LLP

Mailing Address 600 13TH STREET, NW  
12TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20005-3005

FEC ID number of contributing  
federal political committee.**C**

C00299701

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11.13932262

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

27500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2545 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MYPAC MYLAN INC. PAC

Mailing Address 1500 CORPORATE DRIVE

City

CANONSBURG

State

PA

Zip Code

15317-8574

FEC ID number of contributing  
federal political committee.

**C**

C00332395

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961222

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF BANKRUPTCY TRUSTEES

Mailing Address ONE WINDSOR COVE  
SUITE 305

City

COLUMBIA

State

SC

Zip Code

29223-1833

FEC ID number of contributing  
federal political committee.

**C**

C00348623

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11.13951158

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NATIONAL FUNERAL DIRECTORS ASSOCIATION

Mailing Address 400 C STREET, NE

City

WASHINGTON

State

DC

Zip Code

20002-5818

FEC ID number of contributing  
federal political committee.

**C**

C00204008

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13966043

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2546 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
NAVISTAR GOOD GOVERNMENT FUNDMailing Address 4201 WINFIELD ROAD  
P.O. BOX 1488City State Zip Code  
WARRENVILLE IL 60555-4025FEC ID number of contributing  
federal political committee. **C** C00040840

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11.13959356

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
NEW MAJORITY FEDERAL PACMailing Address 591 REDWOOD HWY.  
STE. 4000City State Zip Code  
MILL VALLEY CA 94941-3039FEC ID number of contributing  
federal political committee. **C** C00353078

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961220

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
NEWFIELD PACMailing Address 363 NORTH SAM HOUSTON PARKWAY  
SUITE 100City State Zip Code  
HOUSTON TX 77060-2405FEC ID number of contributing  
federal political committee. **C** C00443523

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945261

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

20000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2547 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
NEWS CORPORATION, PAC

Mailing Address 444 NORTH CAPITOL STREET, NW

City	State	Zip Code
WASHINGTON	DC	20001-1512

FEC ID number of contributing  
federal political committee.**C** C00330019

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	1 5	/	2 0 1 0

Transaction ID: SA11.13932371

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
NORTH CAROLINA PORK COUNCIL PACMailing Address 2300 REXWOODS DRIVE  
SUITE 340

City	State	Zip Code
RALEIGH	NC	27607-3361

FEC ID number of contributing  
federal political committee.**C** C00235184

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 1	/	0 4	/	2 0 1 0

Transaction ID: SA11.13966045

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
NRG ENERGY INC. PAC

Mailing Address 211 CARNEGIE COURT

City	State	Zip Code
PRINCETON	NJ	08540-6213

FEC ID number of contributing  
federal political committee.**C** C00366559

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 8	/	2 0 1 0

Transaction ID: SA11.13961196

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2548 / 3187  
 (check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**OCEAN SPRAY CRANBERRIES INC. POLITICAL ACTION COMM**

Mailing Address **1 OCEAN SPRAY DR**

City State Zip Code  
**LAKEVILLE-MIDDLEBO MA 02349-1000**

FEC ID number of contributing federal political committee. **C** **C00114702**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 1 / 2 0 1 0**

Transaction ID: SA11.13948186

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**OKLAHOMA INDEPENDENT PETROLEUM ASSOCIATION PAC (OIPA PAC)**

Mailing Address **3555 NW 58TH STREET  
 SUITE 400**

City State Zip Code  
**OKLAHOMA CITY OK 73112-4724**

FEC ID number of contributing federal political committee. **C** **C00444430**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA11.13945262

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
**ORACLE CORPORATION PAC**

Mailing Address **1015 15TH STREET NW  
 SUITE 200**

City State Zip Code  
**WASHINGTON DC 20005-2635**

FEC ID number of contributing federal political committee. **C** **C00323048**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 2 / 2 0 1 0**

Transaction ID: SA11.13951156

Amount of Each Receipt this Period

**6250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

**13750.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2549 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
PEPSICO CONCERNED CITIZENS FUND

Mailing Address 700 ANDERSON HILL RD.

City	State	Zip Code
PURCHASE	NY	10577-1401

FEC ID number of contributing  
federal political committee.**C** C00039321

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11.13948185

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
PICTSWEET COMPANY PAC

Mailing Address 10 PICTSWEET DRIVE

City	State	Zip Code
BELLS	TN	38006-4274

FEC ID number of contributing  
federal political committee.**C** C00479972

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.13966037

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
PITNEY BOWES INC. PAC

Mailing Address 409 12TH STREET, NW, SUITE 701

City	State	Zip Code
WASHINGTON	DC	20024-6100

FEC ID number of contributing  
federal political committee.**C** C00339499

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13965483

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2550 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PNC FINANCIAL SERVICES PAC

Mailing Address ONE PNC PLAZA  
249 FIFTH AVENUE

City State Zip Code  
PITTSBURGH PA 15222-2707

FEC ID number of contributing  
federal political committee.

**C** C00035519

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.13932263

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

R.O.S.K.A.M. PAC

Mailing Address 610 S. BOULEVARD

City State Zip Code  
TAMPA FL 33606-2693

FEC ID number of contributing  
federal political committee.

**C** C00451294

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.13959367

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RADIATION THERAPY SERVICES INC. PAC

Mailing Address 2234 COLONIAL BLVD

City State Zip Code  
FORT MYERS FL 33907-1412

FEC ID number of contributing  
federal political committee.

**C** C00385120

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961221

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

32500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2551 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REPUBLICAN MAIN STREET PAC

Mailing Address 1220 L STREET NW  
SUITE 100-263City State Zip Code  
WASHINGTON DC 20005-4018FEC ID number of contributing  
federal political committee.**C** C00165159

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.13945260

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RIPTIDE PAC

Mailing Address 22780 INDIAN CREEK DRIVE, SUITE 10

City State Zip Code  
STERLING VA 20166-6716FEC ID number of contributing  
federal political committee.**C** C00430934

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11.13951108

Amount of Each Receipt this Period

8000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SALEM COMMUNICATIONS CORPORATION PAC

Mailing Address 4880 SANTA ROSA ROAD  
SUITE 300City State Zip Code  
CAMARILLO CA 93012-0958FEC ID number of contributing  
federal political committee.**C** C00321158

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: SA11.13942516

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

21000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2552 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SEABOARD CORPORATION

Mailing Address 818 CONNECTICUT AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20006-2701

FEC ID number of contributing  
federal political committee.**C**

C00246736

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13948187

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SHERIFF PAC

Mailing Address 1115 MASSACHUSETTS AVE. NW  
LOWER LEVEL

City

WASHINGTON

State

DC

Zip Code

20005-4604

FEC ID number of contributing  
federal political committee.**C**

C00474841

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA11.13932369

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES FREEDOM FUND, PAC

Mailing Address P O BOX 36611  
HDQ 4GA

City

DALLAS

State

TX

Zip Code

75235-1611

FEC ID number of contributing  
federal political committee.**C**

C00341602

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.13965482

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2553 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SPEAK UP AMERICA PAC

Mailing Address P.O. BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing  
federal political committee.

**C**

C00376756

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961193

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STORM CHASERS

Mailing Address P.O. BOX 237

City

MONTICELLO

State

IN

Zip Code

47960-0237

FEC ID number of contributing  
federal political committee.

**C**

C00380477

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.13942518

Amount of Each Receipt this Period

12000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TAKIN BACK AMERICA PAC

Mailing Address PO BOX 31822

City

SAINT LOUIS

State

MO

Zip Code

63131-0822

FEC ID number of contributing  
federal political committee.

**C**

C00481242

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13961194

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

24500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2554 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TAXICAB, LIMOUSINE, AND PARATRANSIT ASSOCIATION PAC

Mailing Address 3849 FARRAGUT AVE

City

KENSINGTON

State

MD

Zip Code

20895-2004

FEC ID number of contributing  
federal political committee.**C**

C00132480

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11.13948188

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TROUTMAN SANDERS LLP PAC

Mailing Address 600 PEACHTREE ST NE  
STE 5200

City

ATLANTA

State

GA

Zip Code

30308-2231

FEC ID number of contributing  
federal political committee.**C**

C00311142

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	0

Transaction ID: SA11.13966034

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TRUST PAC- TEAM REPUBLICANS UTILIZING SENSIBLE TACTICS ACCT

Mailing Address 228 S WASHINGTON STREET  
TRUST PAC SUITE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5408

FEC ID number of contributing  
federal political committee.**C**

C00330720

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: SA11.13961247

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

30250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2555 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VANTAGE ONCOLOGY INC PAC

Mailing Address 1500 ROSECRANS AVENUE  
SUITE 400City State Zip Code  
MANHATTAN BEACH CA 90266-3754FEC ID number of contributing  
federal political committee.**C** C00465583

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13961169

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VICTORY PAC

Mailing Address P.O. BOX 525

City State Zip Code  
ST PETERSBURG FL 33731-0525FEC ID number of contributing  
federal political committee.**C** C00344374

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11.13957938

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

30000.00

TOTAL This Period (last page this line number only) .....

5960398.12

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2556 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

2010 INDIANA REPUBLICAN VICTORY FUND

Mailing Address 47 SOUTH PENNSYLVANIA  
SUITE300City State Zip Code  
INDIANAPOLIS IN 46204FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46655.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.IRVF01

Amount of Each Receipt this Period

28091.20

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)

RICK MOYER

Mailing Address 7720 NORTH COLLEGE AVENUE

City State Zip Code  
INDIANAPOLIS IN 46240-2505FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958124

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: 2010 INDIANA REPUBLICAN

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

THERESE ROONEY

Mailing Address 7720 NORTH COLLEGE AVENUE

City State Zip Code  
INDIANAPOLIS IN 46240-2505FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958123

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: 2010 INDIANA REPUBLICAN

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

28091.20

TOTAL This Period (last page this line number only) ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2557 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEW SUNSHINE, LLC

Mailing Address 6270 CORPORATE DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958122

Amount of Each Receipt this Period

15000.00

JFC ATTRIBUTION: 2010 INDIANA REPUBLICAN

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

OLD NATIONAL BANK PAC

Mailing Address ONE MAIN STREET

City

JEVANSVILLE

State

IN

Zip Code

47708-1464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958125

Amount of Each Receipt this Period

7000.00

JFC ATTRIBUTION: 2010 INDIANA REPUBLICAN

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

2010 INDIANA REPUBLICAN VICTORY FUND

Mailing Address 47 SOUTH PENNSYLVANIA  
SUITE300

City

INDIANAPOLIS

State

IN

Zip Code

46204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46655.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA12.IRVF02

Amount of Each Receipt this Period

18563.98

TRANSFER OF JOINT FUNDRAISING PROCEEDS

SUBTOTAL of Receipts This Page (optional) .....

18563.98

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2558 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER F. BARANAY

Mailing Address 3580 BLACKTHORN COURT

City

SOUTH BEND

State

IN

Zip Code

46628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED EXPORT/ABRO INDUSTRIES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13977599

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: 2010 INDIANA REPUBLICAN

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

NORMAN PFAU

Mailing Address 2703 UTICA PIKE

City

JEFFERSONVILLE

State

IN

Zip Code

47130-5251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEO PFAUS SONS CO INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11.13977600

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: 2010 INDIANA REPUBLICAN

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

AMERICAN VICTORY FUND

Mailing Address 22780 INDIAN CREEK DRIVE  
STE 100

City

DULLES

State

VA

Zip Code

20166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA12.AMV01

Amount of Each Receipt this Period

70.33

TRANSFER OF JOINT FUNDRAISING PROCEEDS

SUBTOTAL of Receipts This Page (optional) .....

70.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2559 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICK NEAL

Mailing Address

City

State

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEAL COMMUNITY LAND DEVELOPMENTOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13977552

Amount of Each Receipt this Period

150.00

JFC ATTRIBUTION: AMERICAN  
VICTORY FUND

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ARIZONA MAJORITY COMMITTEE

Mailing Address PO BOX 365

City

State

Zip Code

MCLEAN

VA

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA12.AMC01

Amount of Each Receipt this Period

2500.00

TRANSFER OF JOINT FUNDRAISING  
PROCEEDS

C.

Full Name (Last, First, Middle Initial)

MS. MARY LYNN LYN HAMMER

Mailing Address 5240 E. CALLE VENTURA

City

State

Zip Code

PHOENIX

AZ

85018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHAMPION COLLEGE SERVICESOccupation  
PRESIDENT/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13977556

Amount of Each Receipt this Period

2800.00

JFC ATTRIBUTION: ARIZONA  
MAJORITY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2560 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVENUE, SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2614133.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.BFS001

Amount of Each Receipt this Period

530000.00

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B.

Full Name (Last, First, Middle Initial)  
KENDALL ADAMS

Mailing Address 5601 S. 122ND E. AVENUE

City State Zip Code  
TULSA OK 74146-6912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANHATTAN ROAD & BRIDGE

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958117

Amount of Each Receipt this Period

17600.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MR. JAMES ADELSON

Mailing Address 1350 EAST 27TH PLACE

City State Zip Code  
TULSA OK 74114-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NADEL AND GUSSMAN, LLC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958091

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

530000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2561 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J. ALEXANDER

Mailing Address 2936 IRONWOOD DRIVE

City

AKRON

State

OH

Zip Code

44312-5809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRSTENERGY

Occupation

ASSISTANT GOVERNMENTAL AFFAIRS REP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958048

Amount of Each Receipt this Period

1950.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MRS. DAYNA BAIRD

Mailing Address 2735 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220-4279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOVERNMENT EDGE

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958103

Amount of Each Receipt this Period

9600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. MARTIN BARRINGTON

Mailing Address 6601 WEST BROAD STREET  
ALTRIA GROUP, INC.

City

RICHMOND

State

VA

Zip Code

23230-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTRIA GROUP, INC.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958119

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2562 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH BEEBE

Mailing Address 237 KINGMAN

City

MASON

State

MI

Zip Code

48854-9594

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGHLAND ENGINEERING, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958110

Amount of Each Receipt this Period

12600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID BERAN

Mailing Address 6601 WEST BROAD STREET  
ALTRIA GROUP, INC.

City

RICHMOND

State

VA

Zip Code

23230-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTRIA GROUP, INC.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958118

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. ALBERT BINGHAM

Mailing Address 706 SOUTH PARK

City

HINSDALE

State

IL

Zip Code

60521-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BULKMATIC

Occupation

TRUCKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958089

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2563 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS BOLLINGER

Mailing Address 9765 ANDERSON ANTIOCH ROAD

City

MOUNT STERLING

State

OH

Zip Code

43143-9733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958085

Amount of Each Receipt this Period

6600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. PETER BOYLAN

Mailing Address 6600 TIMBERLANE ROAD

City

TULSA

State

OK

Zip Code

74136-4521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958095

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. BOB R. BROOKS, JR.

Mailing Address 1107 NORTH PITT STREET  
UNIT 2C

City

ALEXANDRIA

State

VA

Zip Code

22314-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALPINE GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

GOVERNMENT RELATIONS CONSULTANT

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958088

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2564 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MRS. SHIRLEY BURGETT

Mailing Address 2922 LOST RUN ROAD

City State Zip Code  
FREDERICKTOWN OH 43019-9101FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958036

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
MR. WILLIAM BRIAN BURGETT

Mailing Address 2922 LOST RUN ROAD

City State Zip Code  
FREDERICKTOWN OH 43019-9101FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KOKOSING CONSTRUCTION, CO.  
INC.Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958037

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
MR. WM BURGETTMailing Address 8870 RIDGE ROAD  
P.O. BOX 225City State Zip Code  
FREDERICKTOWN OH 43019-9364FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958076

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2565 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JON CALLAHN

Mailing Address 2010 W. BRADLEY PLACE

City

CHICAGO

State

IL

Zip Code

60618-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958055

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. CANNING, JR.

Mailing Address 1650 DUBLIN COURT

City

INVERNESS

State

IL

Zip Code

60067-4726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MADISON DEARBORN PARTNERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958120

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES CANNON

Mailing Address 1035 SENECA

City

WILMETTE

State

IL

Zip Code

60091-1274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JBT CORPORATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958108

Amount of Each Receipt this Period

12600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2566 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. J. CAVE**

Mailing Address **3215-45TH STREET NW**

City State Zip Code  
**WASHINGTON DC 20016-2747**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE CYPRESS GROUP**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958032

Amount of Each Receipt this Period

**100.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. MICHAEL CONNOR**

Mailing Address **6404 HIGH DRIVE**

City State Zip Code  
**MISSION HILLS KS 66208-1934**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**900.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958042

Amount of Each Receipt this Period

**900.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT CORETZ**

Mailing Address **2675 S. BIRMINGHAM PLACE**

City State Zip Code  
**TULSA OK 74114-4320**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER  
BEST EFFORTS**

Occupation  
**AVIATION**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**7600.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958090

Amount of Each Receipt this Period

**7600.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2567 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY P. DORN

Mailing Address 2501 49TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20007-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GE

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958069

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. SAM FURSETH

Mailing Address 5820 OAKWOOD ROAD

City

MISSION HILLS

State

KS

Zip Code

66208-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958039

Amount of Each Receipt this Period

650.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER GALVIN

Mailing Address 71 S. WACKER DRIVE  
SUITE 3575

City

CHICAGO

State

IL

Zip Code

60606-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRISON STREET CAPITAL

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958101

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2568 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. GATES

Mailing Address 4135 SEMINARY ROAD

City

ALEXANDRIA

State

VA

Zip Code

22304-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTRIA CLIENT SERVICE, IN-  
C.

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17263.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958112

Amount of Each Receipt this Period

17263.64

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH GEAR

Mailing Address 1455 PENNSYLVANIA AVENUE NW  
SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEADING BUILDERS OF AMERI-  
CA, INC.

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958031

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. ROGER HAGANS, JR.

Mailing Address 2021 SOUTH LEWIS AVENUE  
SUITE 610

City

TULSA

State

OK

Zip Code

74104-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958111

Amount of Each Receipt this Period

12600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2569 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. HARDY, III

Mailing Address ROUTE 519  
P.O. BOX 584City State Zip Code  
EIGHTY FOUR PA 15384FEC ID number of contributing  
federal political committee.

C

Name of Employer  
84 LUMBER COMPANYOccupation  
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958049

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. HECHT

Mailing Address 2228 ARYNESS DRIVE

City State Zip Code  
VIENNA VA 22181-3046FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HECHT & ASSOCIATESOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958060

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY HENDRICKS

Mailing Address 440 S. LASALLE STREET  
STE. 3909City State Zip Code  
CHICAGO IL 60605-5030FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958038

Amount of Each Receipt this Period

600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2570 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES S. HERR

Mailing Address P.O. BOX 300

City

NOTTINGHAM

State

PA

Zip Code

19362-0300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERR FOODS, INC.

Occupation

M.F.G.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958066

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. VINCENT HODES

Mailing Address 2415 W. 67TH STREET

City

MISSION HILLS

State

KS

Zip Code

66208-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958043

Amount of Each Receipt this Period

900.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. CLAY HUNT

Mailing Address 8235 DOUGLAS AVENUE  
SUITE 1200

City

DALLAS

State

TX

Zip Code

75225-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATROPOS EXPLORATION

Occupation

OIL &amp; GAS, INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958064

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2571 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD HUNT

Mailing Address 913 BERNARD STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONSUMER BANK ASSOCIATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958033

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK W. ISAKOWITZ

Mailing Address 3198 POND MIST WAY

City

OAK HILL

State

VA

Zip Code

20171-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIERCE, ISAKOWITZ & BLALO-  
CK

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958087

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. CRAIG JOHNSON

Mailing Address 6601 WEST BROAD STREET

City

RICHMOND

State

VA

Zip Code

23230-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTRIA GROUP, INC.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958059

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2572 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GRANT JORDAN

Mailing Address 2212W 56TH STREET

City

MISSION HILLS

State

KS

Zip Code

66208-1106

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958099

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. J. R. KEMPER

Mailing Address P.O. BOX 1012

City

BELLEVUE

State

WA

Zip Code

98009-1012

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KEMPER DEVELOPMENT COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

COMMERCIAL REAL ESTATE DEVELOPER

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958065

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. DEL KIMBAL

Mailing Address 110 W. 9TH STREET  
STE. 100

City

KANSAS CITY

State

MO

Zip Code

64105-1791

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
EVERGREEN INTERNATIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958040

Amount of Each Receipt this Period

650.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2573 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. JOHN KIMBAL**

Mailing Address **13911 TIMBER RIDGE STREET**

City State Zip Code  
**PARKVILLE MO 64152-1145**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA12.13958047

Amount of Each Receipt this Period

1600.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
**MRS. JULIANNE LAGERSTROM**

Mailing Address **6630 RAINBOW AVENUE**

City State Zip Code  
**MISSION HILLS KS 66208-1968**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA12.13958041

Amount of Each Receipt this Period

900.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
**MR. HOWARD LEWIS**

Mailing Address **32830 WINTERGREEN DRIVE**

City State Zip Code  
**OLON OH 44139-1360**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAMILY HERITAGE LIFE INSU-  
RANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN, FOUNDER, & CEO

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA12.13958207

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2574 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW K. MALONEY

Mailing Address 111 19TH ST, NW, SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGILVY GOVERNMENT RELATIO-  
NS

Occupation

GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958104

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH MATSON

Mailing Address 1462 SW TROON CIRCLE

City

PALM CITY

State

FL

Zip Code

34990-4447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958109

Amount of Each Receipt this Period

12600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

HON. JAMES MCCRERY

Mailing Address 1011 GELSTON CIRCLE

City

MCLEAN

State

VA

Zip Code

22102-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITOL COUNSEL LLC

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958030

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2575 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS MILKS

Mailing Address 976 ELLIS

City

LIBERTY

State

MO

Zip Code

64068-3351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958084

Amount of Each Receipt this Period

5600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN MILLER

Mailing Address 29 ATHERTON AVENUE

City

ATHERTON

State

CA

Zip Code

94027-4047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958034

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. TERRY MILLER

Mailing Address 29 ATHERTON AVENUE

City

ATHERTON

State

CA

Zip Code

94027-4047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958035

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2576 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. A. MAL MAL MIXON

Mailing Address 3105 TOPPING LANE

City

CHAGRIN FALLS

State

OH

Zip Code

44022-6649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INVACARE CORPORATION

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958050

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DONNA MOORE

Mailing Address 8976 CROOKED STICK COURT

City

NAPLES

State

FL

Zip Code

34113-1678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958096

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. KEVIN P. MOORE

Mailing Address 8976 CROOKED STICK CT.

City

NAPLES

State

FL

Zip Code

34113-1678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROONEY HOLDINGS, INC.

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958093

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2577 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. FRANK MURPHY**

Mailing Address **2440 E. 29TH STREET**

City State Zip Code  
**TULSA OK 74114-5619**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**FW MURPHY**

Occupation  
**PRESIDENT/CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA12.13958098

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
**MR. DON MUSICK**

Mailing Address **254 HANLEY IND. CT.**

City State Zip Code  
**ST. LOUIS MO 63144-1508**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**MUSICK CONSTRUCTION CO.**

Occupation  
**GENERAL CONTRACTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA12.13958102

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER NASSETTA**

Mailing Address **2904 NORTH DINWIDDIE STREET**

City State Zip Code  
**ARLINGTON VA 22207-2751**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**HILTON WORLDWIDE**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 5 / 2 0 1 0**

Transaction ID: SA12.13958106

Amount of Each Receipt this Period

12600.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2578 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)

MR. ARACADIO NEIRA

Mailing Address 613 STURTZ CIRCLE

City

NORMAN

State

OK

Zip Code

73072-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANHATTAN CONTRUSCTION CO.Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958094

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS O'DONNELL

Mailing Address 434 W. 57TH TER.

City

KANSAS CITY

State

MO

Zip Code

64113-1272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958073

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. O'HARA

Mailing Address P.O. BOX 342708

City

AUSTIN

State

TX

Zip Code

78734-0046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958067

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2579 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS PATRICK

Mailing Address 199 EAST LAKE SHORE DRIVE  
APT. 7E

City State Zip Code  
CHICAGO IL 60611-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW VERNON CAPITAL

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958080

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MS. ANN PATRON

Mailing Address 160 EAST 48TH STREET

City State Zip Code  
NEW YORK NY 10017-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WREN PRESS

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958206

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

JOHN PAYNE

Mailing Address 2336 CHIILDERS RD

City State Zip Code  
MORION IL 62959-9674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEARTLAND PUMP RENTAL AND  
SALES

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958045

Amount of Each Receipt this Period

1100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2580 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL PURCELL

Mailing Address 825 S. WASHINGTON STREET

City

HINSDALE

State

IL

Zip Code

60521-4530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBERT W. BAIRD & CO.

Occupation

INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958121

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MRS. LEIGH PUSEY

Mailing Address 1119 ALEXANDRIA AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22308-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INSURANCE ASSOCI-  
ATION

Occupation

PRESIDENT &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958057

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. DAVID REYES

Mailing Address 6250 N. RIVER ROAD  
SUITE 9000

City

ROSEMONT

State

IL

Zip Code

60018-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REYES HOLDINGS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958083

Amount of Each Receipt this Period

5300.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2581 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES REYES

Mailing Address 4655 HAWTHORNE LANE NW

City

WASHINGTON

State

DC

Zip Code

20016-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIUM DISTRIBUTORS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958082

Amount of Each Receipt this Period

5300.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. PETER D. RICH

Mailing Address P.O. BOX 1610

City

MIDDLEBURG

State

VA

Zip Code

20118-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICH FEVER GROUP

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958061

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK ROBERT

Mailing Address 11411 E. 133RD STREET SO.

City

BROKEN ARROW

State

OK

Zip Code

74011-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANHATTAM CONSTRUCTION CO.

Occupation  
CONSTRUCTION MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958097

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2582 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN ROONEY

Mailing Address 800 ADMIRALTY

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958071

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY ROONEY

Mailing Address 6300 N. CENTRAL EXPRESSWAY

City

DALLAS

State

TX

Zip Code

75206-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANHATTAN HOLDINGS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958058

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL ROWSEY

Mailing Address 3401 ARMSTRONG AVENUE

City

DALLAS

State

TX

Zip Code

75205-3949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R2M PARTNERS, LLC

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958070

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2583 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID SANCHEZ

Mailing Address 817 NE DARTMORE CT.

City

LEE'S SUMMIT

State

MO

Zip Code

64064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958078

Amount of Each Receipt this Period

4600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED SAUER

Mailing Address 454 HAMMERSMITH ROAD

City

SAINT LOUIS

State

MO

Zip Code

63141-8628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORION INVESTMENT COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958088

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY K. SCHELL

Mailing Address 415 TURNBERRY DRIVE

City

JEFFERSON CITY

State

MO

Zip Code

65109-4526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

17600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958114

Amount of Each Receipt this Period

17600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2584 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN SCHIFF**

Mailing Address **6200 S. GILMORE ROAD**

City State Zip Code  
**FAIRFIELD OH 45014-5141**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CINCINNATI FINANCIAL**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2400.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958052

Amount of Each Receipt this Period

**2400.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS SCHNEIDER**

Mailing Address **12 CONTENTMENT ISLAND ROAD**

City State Zip Code  
**DARIEN CT 06820-6204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**12600.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958107

Amount of Each Receipt this Period

**12600.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS. MARY SEIDEL**

Mailing Address **1445 NEW YORK AVENUE, NW  
7TH FLOOR**

City State Zip Code  
**WASHINGTON DC 20005-2134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**REINSURANCE ASSOCIATION  
OF AMERICA**

Occupation  
**VICE PRESIDENT & DIRECTOR OF FEDERAL A**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**17600.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958113

Amount of Each Receipt this Period

**17600.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2585 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NATHAN SHAPIRO

Mailing Address 1661 RYDERS LANE

City

HIGHLAND PARK

State

IL

Zip Code

60035-2141

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SF INVESTMENTS

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958072

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN SHUTTE

Mailing Address 763 MOHAWK DRIVE

City

SPRINGFIELD

State

OH

Zip Code

45502-8704

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958086

Amount of Each Receipt this Period

6600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. JOHN SNYDER

Mailing Address 1505 EAST 19TH STREET

City

TULSA

State

OK

Zip Code

74120-7612

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MANHATTAN CONSTRUCTION CO.

Occupation

OK DIVISION PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958100

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2586 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS SNYDER

Mailing Address 5715 E. 118TH STREET

City

TULSA

State

OK

Zip Code

74137-8512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANCHOR STONE COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958092

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MR. MIKE L. SWINFORD

Mailing Address 111 E. CHESTNUT #51K

City

CHICAGO

State

IL

Zip Code

60611-6029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958051

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER TAMBORSKI

Mailing Address 5953 CREEKVIEW DRIVE

City

MILFORD

State

OH

Zip Code

45150-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958077

Amount of Each Receipt this Period

4600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2587 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. C. PHILIP THOLEN

Mailing Address 7626 SOUTH MARION

City

TULSA

State

OK

Zip Code

74136-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAMSON INVESTMENT COMPANY

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958115

Amount of Each Receipt this Period

17600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MRS. NANCY THOLEN

Mailing Address 7626 SOUTH MARION

City

TULSA

State

OK

Zip Code

74136-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958116

Amount of Each Receipt this Period

17600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVE VANAMBURGH

Mailing Address 3945 MARQUETTE

City

DALLAS

State

TX

Zip Code

75225-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KDC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958063

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2588 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILL WARE

Mailing Address P.O. BOX 1

City

AMARILLO

State

TX

Zip Code

79105-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMARILLO NATIONAL BANK

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958075

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD WARE, II

Mailing Address P.O. BOX 1

City

AMARILLO

State

TX

Zip Code

79105-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMARILLO NATIONAL BANK

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958074

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM WARNOCK

Mailing Address 6708 E. 109TH STREET

City

TULSA

State

OK

Zip Code

74133-7160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOHO PROPERTIES, LLC

Occupation  
PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958056

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2589 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. RONALD S. WILHEIM**

Mailing Address **7500 WILLOWBROOK LANE**

City State Zip Code  
**CINCINNATI OH 45237-2228**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COMMUNICARE**

Occupation

**INFORMATION REQUESTED PER BEST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3800.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958046

Amount of Each Receipt this Period

**1200.00**

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER  
**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. RAYMOND YORK**

Mailing Address **3441 E. HARBOUR DRIVE**

City State Zip Code  
**PHOENIX AZ 85034-7229**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EWING IRRIGATION**

Occupation

**MANAGER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2600.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958062

Amount of Each Receipt this Period

**2600.00**

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER  
**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**AK STEEL CORP. PAC**

Mailing Address **9227 CENTRE POINTE DRIVE**

City State Zip Code  
**WEST CHESTER OH 45069-4822**

FEC ID number of contributing  
federal political committee.

**C**

**C00290973**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**10 / 15 / 2010**

Transaction ID: SA12.13958054

Amount of Each Receipt this Period

**2500.00**

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2590 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ASSOCIATION OF PROGRESSIVE RENTAL ORGANIZATIONS PAC (APRO PAC)

Mailing Address 1504 ROBIN HOOD TRAIL

City

AUSTIN

State

TX

Zip Code

78703-2624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958081

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR TURNER

Mailing Address 120 W. SECOND STREET  
STE. 1510

City

DAYTON

State

OH

Zip Code

45402-1603

FEC ID number of contributing  
federal political committee.

**C**

C00373001

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958044

Amount of Each Receipt this Period

1000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

HCR MANOR CARE PAC

Mailing Address 333 N. SUMMIT STREET  
P.O. BOX 10086

City

TOLEDO

State

OH

Zip Code

43604-1531

FEC ID number of contributing  
federal political committee.

**C**

C00260141

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958053

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2591 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

UNITED HEALTH SERVICES PAC

Mailing Address 211 EAST DOYLE STREET

City

TOCCOA

State

GA

Zip Code

30577-2960

FEC ID number of contributing  
federal political committee.**C**

C00400135

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958079

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

WINSTON &amp; STRAWN, LLP PAC

Mailing Address 1700 K STREET, NW

City

WASHINGTON

State

DC

Zip Code

20006-3817

FEC ID number of contributing  
federal political committee.**C**

C00282921

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA12.13958105

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVENUE, SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2614133.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA12.BFS002

Amount of Each Receipt this Period

320000.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS**SUBTOTAL** of Receipts This Page (optional) .....

320000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2592 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA BUSCH

Mailing Address P.O. BOX 935

City

SAINT PETERS

State

MO

Zip Code

63376-0016

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA12.13958133

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

TERRY DUFFY

Mailing Address

25-115TH STREET

City

LEMONT

State

IL

Zip Code

60439-8754

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CME

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN

Aggregate Year-to-Date ▼

30313.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA12.13958132

Amount of Each Receipt this Period

30313.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MRS. JOYCE GATES

Mailing Address 4135 SEMINARY ROAD

City

ALEXANDRIA

State

VA

Zip Code

22304-1647

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA12.13958135

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2593 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. JERRY HODGE**

Mailing Address **36 OLDHAM CIRCLE**

City State Zip Code  
**AMARILLO TX 79109-3550**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MAXOR NATIONAL PHARMACY**

Occupation  
**EXECUTIVE/OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**22600.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA12.13958128

Amount of Each Receipt this Period

**22600.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. JOHN JORDAN**

Mailing Address **767 5TH AVE., 48TH FL.**

City State Zip Code  
**NEW YORK NY 10153-0023**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE JORDAN COMPANIES**

Occupation  
**CHAIRMAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**30400.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA12.13958137

Amount of Each Receipt this Period

**30400.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**KRISTIN PATRICK**

Mailing Address **185 HILDRETH LANE  
P.O. BOX 1560**

City State Zip Code  
**BRIDGEHAMPTON NY 11932-1560**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NA**

Occupation  
**NA**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**28000.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 0 / 2 0 1 0**

Transaction ID: SA12.13958130

Amount of Each Receipt this Period

**28000.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2594 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARILYN PATRICK

Mailing Address 199 EAST LAKE SHORE

City

CHICAGO

State

IL

Zip Code

60611-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
NA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA12.13958138

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS PATRICK, JR.

Mailing Address 185 HILDRETH LANE

City

BRIDGEHAMPTON

State

NY

Zip Code

11932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA12.13958131

Amount of Each Receipt this Period

28000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANNE PURCELL

Mailing Address 27W332 CHURCHILL ROAD

City

WINFIELD

State

IL

Zip Code

60190-1816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFE

Occupation  
HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA12.13958129

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2595 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL SZYMANCZYK

Mailing Address 215 DRYDEN LANE

City

RICHMOND

State

VA

Zip Code

23229-8204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTRIA GROUP, INC.

Occupation

CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA12.13958136

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. JOEL TUCKER

Mailing Address 6299 NALL AVENUE  
SUITE 100

City

MISSION

State

KS

Zip Code

66202-3547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA12.13958139

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. GARY WALSH

Mailing Address 10 HILLOCKS LANE

City

SHERIDAN

State

WY

Zip Code

82801-9054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA12.13958134

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2596 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVENUE, SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2614133.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.BFS003

Amount of Each Receipt this Period

131000.00

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMAL DANIEL

Mailing Address 600 TRAVIS  
6800 JP MORGAN CHASE TOWER

City State Zip Code  
HOUSTON TX 77002-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREST INVESTMENT COMPANY

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.13958174

Amount of Each Receipt this Period

13000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
MR. E. ECCLESTONE

Mailing Address P.O. BOX 3267

City State Zip Code  
WEST PALM BEACH FL 33402-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PGA NATIONAL RESORT

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.13958176

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

131000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2597 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER ELSTON**

Mailing Address **9216 CHEROKEE LANE**

City State Zip Code  
**LEAWOOD KS 66206-1702**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5600.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA12.13958169

Amount of Each Receipt this Period

**5600.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**SECRETARY DONALD L. EVANS**

Mailing Address **P.O. BOX 50990**

City State Zip Code  
**MIDLAND TX 79710-0990**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA12.13958165

Amount of Each Receipt this Period

**100.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**MR. PHILIP FRIEDMAN**

Mailing Address **43503 BUTLER PLACE**

City State Zip Code  
**LEESBURG VA 20176-7428**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
P. FRIEDMAN & ASSOC. INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2600.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA12.13958167

Amount of Each Receipt this Period

**2600.00**

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2598 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER KARP

Mailing Address 927 ROMANA AVE.

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALANTIR TECHNOLOGIES

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.13958177

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. SAM H. MILLER

Mailing Address 50 PUBLIC SQUARE  
1100 TERMINAL TOWER

City

CLEVELAND

State

OH

Zip Code

44113-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOREST CITY ENTERPRISES

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.13958173

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD MILLS

Mailing Address 602 CRESCENT PLACE  
STE. 100

City

RIDGELAND

State

MS

Zip Code

39157-8676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.13958170

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2599 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TIM MUIR

Mailing Address 5600 W. 97TH STREET

City

OVERLAND PARK

State

KS

Zip Code

66207-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA12.13958168

Amount of Each Receipt this Period

5100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM RUMPKE

Mailing Address 6045 DRY RIDGE ROAD

City

CINCINNATI

State

OH

Zip Code

45252-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA12.13958166

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. JOE FRANK F. SANDERSON, JR.

Mailing Address P.O. BOX 988

City

LAUREL

State

MS

Zip Code

39441-0988

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANDERSON FARMS INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN &amp; CEO

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA12.13958178

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2600 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MS. VIRGINIA SNOWDON**

Mailing Address **INFO REQUESTED**

City State Zip Code  
**INFO REQUESTED XX 99999**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**7600.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA12.13958171

Amount of Each Receipt this Period

**7600.00**

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**MR. ROBERT THEISEN**

Mailing Address **3521 LEGACY HILLS CT.**

City State Zip Code  
**LONGWOOD FL 32779-3198**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INFORMATION REQUESTED PER  
 BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**7600.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA12.13958179

Amount of Each Receipt this Period

**7600.00**

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**HUNTINGTON BANCSHARES INC. PAC**

Mailing Address **41 SOUTH HIGH STREET  
 HUNTINGTON CENTER**

City State Zip Code  
**COLUMBUS OH 43215**

FEC ID number of contributing  
federal political committee.

**C C00165589**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**10 / 28 / 2010**

Transaction ID: SA12.13958172

Amount of Each Receipt this Period

**10000.00**

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2601 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PICKERING FOR CONGRESS

Mailing Address P.O. BOX 4297

City

BRANDON

State

MS

Zip Code

39047-4297

FEC ID number of contributing  
federal political committee.

**C**

C00308577

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

23000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.13958175

Amount of Each Receipt this Period

23000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVENUE, SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2614133.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.BFS004

Amount of Each Receipt this Period

194000.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

**C.**

Full Name (Last, First, Middle Initial)

REBECCA ANDERSON

Mailing Address 3525 S 17TH STREET

City

ARLINGTON

State

VA

Zip Code

22204-5003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILLIAMS & JENSEN, PLLC

Occupation

GOVERNMENT RELATIONS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958149

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

194000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2602 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD ANDERSON

Mailing Address 345 BRENTWOOD TERRACE

City

ATLANTA

State

GA

Zip Code

30305-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTA AIRLINES, INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958150

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. BOB R. BROOKS, JR.

Mailing Address 1107 NORTH PITT STREET  
UNIT 2C

City

ALEXANDRIA

State

VA

Zip Code

22314-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALPINE GROUP

Occupation  
GOVERNMENT RELATIONS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958155

Amount of Each Receipt this Period

1800.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. BERNARD BUTLER

Mailing Address 1700 SUNNY SLOPE LANE

City

MANHATTAN

State

KS

Zip Code

66502-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PIZZA HUT FRANCHISE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958156

Amount of Each Receipt this Period

600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2603 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES HIGGINS

Mailing Address 18 POWDERHORN ROAD

City

HOHOKUS

State

NJ

Zip Code

07423-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958151

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN KEELEY

Mailing Address 401 S. LASALLE STREET

City

CHICAGO

State

IL

Zip Code

60605-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEELEY ASSET MAN.

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958145

Amount of Each Receipt this Period

17600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. BRIDGET KOCH

Mailing Address 974 S. OCEAN BLVD.

City

PALM BEACH

State

FL

Zip Code

33480-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958142

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2604 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM KOCH

Mailing Address 1601 FORUM PLACE  
SUITE 307City State Zip Code  
WEST PALM BEACH FL 33401-8103FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA12.13958141

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. SAM H. MILLER

Mailing Address 50 PUBLIC SQUARE  
1100 TERMINAL TOWERCity State Zip Code  
CLEVELAND OH 44113-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOREST CITY ENTERPRISES

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA12.13958154

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH PRUS

Mailing Address 5325 WOOSTER PIKE

City State Zip Code  
CINCINNATI OH 45226-2224FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRUS CONSTRUCTION CO.

Occupation

MANAGEMENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA12.13958157

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2605 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN RAMTHUN

Mailing Address 307 SOUTHWEST DRIVE

City

SILVER SPRING

State

MD

Zip Code

20901-1241

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA12.13958153

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

EVELYN VOLPE

Mailing Address 34 DENYELLE DRIVE

City

ROCKY HILL

State

CT

Zip Code

06067-1874

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA12.13958152

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL WARD

Mailing Address 1908 RIVER ROAD

City

JACKSONVILLE

State

FL

Zip Code

32207-3904

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CSX CORPORATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RAILROAD WORKER

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA12.13958140

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2606 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY C. WENDT

Mailing Address 3055 HARBOR DRIVE

City

FORT LAUDERDALE

State

FL

Zip Code

33316-2460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GE CAPITAL SERVICES

Occupation

FORMER PRESIDENT, CHAIRMAN, CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958143

Amount of Each Receipt this Period

28000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN YOUNG

Mailing Address 1601 BRYAN STREET

City

DALLAS

State

TX

Zip Code

75201-3430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENERGY FUTURE HOLDINGS (E-FH)

Occupation

PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958158

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

CEMEX INC. PAC

Mailing Address 840 GESSNER DRIVE, SUITE 1400

City

HOUSTON

State

TX

Zip Code

77024-4152

FEC ID number of contributing  
federal political committee.

**C**

C00111880

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA12.13958147

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2607 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
HEALTH MANAGEMENT ASSOC. PACMailing Address 5811 PELICAN BAY BLVD.  
SUITE 500City State Zip Code  
NAPLES FL 34108-2711FEC ID number of contributing  
federal political committee.**C** C00442418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA12.13958148

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
REYNOLDS FOR CONGRESSMailing Address CORPORATE CROSSINGS  
171 SULLY'S TRAIL STE. 201City State Zip Code  
PITTSFORD NY 14534-4557FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA12.13958144

Amount of Each Receipt this Period

23000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
TOMPAC FEDERAL

Mailing Address P.O. BOX 16488

City State Zip Code  
ARLINGTON VA 22215-1488FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA12.13958146

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2608 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVENUE, SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2614133.67

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA12.BFS005

Amount of Each Receipt this Period

253000.00

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B.

Full Name (Last, First, Middle Initial)  
MR. LEE AINSLIE

Mailing Address 767 5TH AVENUE  
11TH FLOOR

City State Zip Code  
NEW YORK NY 10153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAVERICK CAPITAL

Occupation  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977625

Amount of Each Receipt this Period

6600.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MR. GARY ANDRES

Mailing Address 6919 N. 30TH STREET

City State Zip Code  
ARLINGTON VA 22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUTKO WORLDWIDE

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977655

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

253000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2609 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN ANDRES

Mailing Address 600 13TH STREET NW  
STE. 340 WEST

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977654

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL L. BAKER

Mailing Address 5855 OAKRIDGE DRIVE

City State Zip Code  
HAMILTON OH 45011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAKER CONCRETE CONSTRUCTI-  
ON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977632

Amount of Each Receipt this Period

12600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK BAKER

Mailing Address 5697 ORCHARD AVENUE

City State Zip Code  
WHITE BEAR LAKE MN 55110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SCOTTS COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT & COO

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977644

Amount of Each Receipt this Period

1300.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2610 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BERNARD BUTLER

Mailing Address 1700 SUNNY SLOPE LANE

City

MANHATTAN

State

KS

Zip Code

66502-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PIZZA HUT FRANCHISE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977648

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. ALVIN CARPENTER

Mailing Address 12440 MANDARIN ROAD

City

JACKSONVILLE

State

FL

Zip Code

32223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSX

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977658

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. SUMIR CHADHA

Mailing Address 1440 OAK RIM DRIVE

City

HILLSBOROUGH

State

CA

Zip Code

94010-7356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRANITE CAPITAL

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977637

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2611 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARCHIBALD COX

Mailing Address 352 7TH AVENUE STE. 1501

City

NEW YORK

State

NY

Zip Code

10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARCLAYS

Occupation

INFORMATION REQUESTED PER BEST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13977641

Amount of Each Receipt this Period

600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. ALFONSE M. D'AMATO

Mailing Address 101 PARK AVENUE  
SUITE 2506

City

NEW YORK

State

NY

Zip Code

10178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARK STRATEGIES

Occupation

CONSULTANT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13977652

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH DAVIDSOHN

Mailing Address 9455 COLLINS AVENUE  
508

City

SURFSIDE

State

FL

Zip Code

33154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13977634

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2612 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PATRICK DURKIN

Mailing Address 132 E. 72ND STREET

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARCLAYS CAPITAL

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977627

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN FRIEDMAN

Mailing Address ONE BEEKMAN PLACE

City

NEW YORK

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STONE POINT CAPITAL

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977631

Amount of Each Receipt this Period

12600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES HAGEDORN

Mailing Address 3085 SE SAINT LUCIE BLVD.

City

STUART

State

FL

Zip Code

34997

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCOTTS COMPANY

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977620

Amount of Each Receipt this Period

4000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2613 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
JOSEPH HARDY

Mailing Address P.O. BOX 584  
ROUTE 519

City State Zip Code  
EIGHTY FOUR PA 15384

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
84 LUMBER COMPANY

Occupation  
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977649

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
MR. AKASH JAIN

Mailing Address 315 HOVER AVENUE  
#308

City State Zip Code  
PALO ALTO CA 94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALANTIR TECHNOLOGIES, IN-  
C.

Occupation  
SOFTWARE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977642

Amount of Each Receipt this Period

600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MR. LESLIE LAMPTON

Mailing Address P.O. BOX 2401

City State Zip Code  
JACKSON MS 39225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977646

Amount of Each Receipt this Period

1600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2614 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. G. MACDONALD

Mailing Address 2951 FALL CREEK

City

KERRVILLE

State

TX

Zip Code

78028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MACDONALD COMPANIES

Occupation

HOMEBUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977677

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. EDDIE MARTIN

Mailing Address 12309 MUHLY COVE

City

AUSTIN

State

TX

Zip Code

78738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TILSON HOME CORPORATION

Occupation

HOMEBUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977624

Amount of Each Receipt this Period

5100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT MCGREW

Mailing Address 678 HOMER AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALANTIR TECHNOLOGIES

Occupation

DIRECTOR OF ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977643

Amount of Each Receipt this Period

600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2615 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. THOMAS MICHAUD**

Mailing Address **45 RIDGEVIEW AVENUE**

City State Zip Code  
**GREENWICH CT 06830**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**KBW, INC.**

Occupation  
**FINANCE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13977657

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
**MR. TOMMY PAYNE**

Mailing Address **121 WARWICK GREEN ROAD**

City State Zip Code  
**WINSTON SALEM NC 27104-1945**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**NICONOVUM USA, INC.**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13977650

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
**MR. JOHN RICKETTS**

Mailing Address **607 UPPER HOBACK RIVER ROAD  
 P.O. BOX 320**

City State Zip Code  
**LITTLE JACKSON HOL WY 82922**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**INFORMATION REQUESTED PER  
 BEST EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 3 / 2 0 1 0**

Transaction ID: SA11.13977636

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
 FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2616 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOE ROBSON

Mailing Address 6565 S. TIMBERLANE

City

TULSA

State

OK

Zip Code

74136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE ROBSON CO.

Occupation

REAL ESTATE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977630

Amount of Each Receipt this Period

12600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW ROSE

Mailing Address 1110 POST OAK PLACE

City

WESTLAKE

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BNSF RAILWAY COMPANY

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977628

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL SHAH

Mailing Address 845 UNITED NATIONS PLAZA  
APT. 35E

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEL SHAH CAPITAL

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977653

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2617 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRUCE SOLL

Mailing Address 141 DREXEL AVENUE

City

BEXLEY

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIMITED BRANDS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13977621

Amount of Each Receipt this Period

4100.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. J. SPAINHOUR

Mailing Address 6175 CHAPELLE CIRCLE

City

MEMPHIS

State

TN

Zip Code

38120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13977651

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD EDWARD THORNBURGH

Mailing Address 925 PARK AVENUE  
APT. 5C

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORSAIR CAPITAL

Occupation

PRIVATE EQUITY INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13977633

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2618 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RICHARD TUISSANT

Mailing Address 3712 EUCLID AVE.

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYSICIAN

Occupation  
SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977659

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM WELD

Mailing Address 121 EAST 61ST STREET

City

NEW YORK

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCDERMOTT, WILL, & EMAY

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977656

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL ZINK

Mailing Address 166 LEGEND ROCK ROAD

City

WAKEFIELD

State

RI

Zip Code

02879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITIGROUP

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977635

Amount of Each Receipt this Period

22600.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2619 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
AGRICULTURE FOR GOOD GOV. PAC

Mailing Address P.O. BOX 182383

City State Zip Code  
COLUMBUS OH 43218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977645

Amount of Each Receipt this Period

1500.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
AMERICAN RENTAL ASSOCIATION PAC

Mailing Address 1900 19TH STREET  
SUITE 400

City State Zip Code  
MOLINE IL 61265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977678

Amount of Each Receipt this Period

200.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
NATIONWIDE MUTUAL INSURANCE CO PAC

Mailing Address ONE NATIONWIDE PLAZA 1-32-06

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977629

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2620 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEW AMERICA HOLDINGS INC. FOX PAC

Mailing Address 444 N. CAPITOL STREET  
STE. 740

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977640

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

PINNACLE WEST PAC

Mailing Address 400 N. 5TH STREET

City State Zip Code  
PHOENIX AZ 85004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977647

Amount of Each Receipt this Period

2000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

PORTMAN FOR SENATE COMMITTEE

Mailing Address 986 ARCHER LANE

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977619

Amount of Each Receipt this Period

3000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2621 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCOTTS PAC

Mailing Address 14111 SCOTTS LAWN ROAD

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977622

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

SERVICEMASTER GOOD GOV. FUND

Mailing Address 860 RIDGE LAKE BLVD.

City

MEMPHIS

State

TN

Zip Code

38120

FEC ID number of contributing  
federal political committee.

C

C00331363

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977626

Amount of Each Receipt this Period

7000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

TENET HEALTHCARE CORP. PAC

Mailing Address 1445 ROSS AVENUE  
SUITE 1400

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977623

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: BOEHNER  
FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2622 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BROWN FREEDOM FUND

Mailing Address 264 N. LUMPKIN ST., #202

City State Zip Code  
ATHENS GA 30601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

64534.51

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.BFF001

Amount of Each Receipt this Period

17000.00

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)  
DIANE BROWN

Mailing Address 142 AMILEE GRAVES CIR.

City State Zip Code  
CLARKESVILLE GA 30523-5616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTON AGENCY

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958126

Amount of Each Receipt this Period

8500.00

JFC ATTRIBUTION: BROWN FREEDOM FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
MR. FRANKLIN BROWN

Mailing Address 142 AMILEE GRAVES CIR.

City State Zip Code  
CLARKESVILLE GA 30523-5616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIXIE PRECAST

Occupation  
MANUFACTURING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958127

Amount of Each Receipt this Period

8500.00

JFC ATTRIBUTION: BROWN FREEDOM FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

17000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2623 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
BROWN FREEDOM FUND

Mailing Address 264 N. LUMPKIN ST., #202

City	State	Zip Code
ATHENS	GA	30601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

64534.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA12.BFF002

Amount of Each Receipt this Period

583.62

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS**B.**Full Name (Last, First, Middle Initial)  
KRISTY BROWN

Mailing Address 4160 EQING

City	State	Zip Code
AUSTELL	GA	30106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13977610

Amount of Each Receipt this Period

600.00

JFC ATTRIBUTION: BROWN FR-  
EEDOM FUND

[MEMO ITEM]

**C.**Full Name (Last, First, Middle Initial)  
CANTOR VICTORY FUND

Mailing Address 25 E. MAIN STREET

City	State	Zip Code
RICHMOND	VA	23219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613367.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA12.CVF001

Amount of Each Receipt this Period

31818.48

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

SUBTOTAL of Receipts This Page (optional) .....

32402.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2624 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENY ALAGEM

Mailing Address 1601 CLOVERFIELD BLVD., STE. 300 S

City

SANTA MONICA

State

CA

Zip Code

90404-4085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALAGEM CAPITAL GROUP

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA12.13958161

Amount of Each Receipt this Period

24500.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER NAVAB

Mailing Address 9 WEST 57TH STREET, SUITE 4200  
SUITE 4200

City

NEW YORK

State

NY

Zip Code

10019-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOHLBERG KRAVIS ROBERTS

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA12.13958160

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

GREGORY SLAMOWITZ

Mailing Address 137 RIVERSIDE DRIVE

City

NEW YORK

State

NY

Zip Code

10024-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMBROSE

Occupation

CO-CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA12.13958159

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2625 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CANTOR VICTORY FUND

Mailing Address 25 E. MAIN STREET

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613367.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA12.CVF002

Amount of Each Receipt this Period

42847.96

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER LIPSCHULTZ

Mailing Address 9 WEST 57TH STREET  
SUITE 4200

City

NEW YORK

State

NY

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13977602

Amount of Each Receipt this Period

2600.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MARC LIPSCHULTZ

Mailing Address 9 WEST 57TH STREET  
SUITE 4200

City

NEW YORK

State

NY

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOHLBERG, KRAVIS, ROBERTS  
& CO

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.13977601

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

42847.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2626 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
KENNETH MEHLMAN

Mailing Address 9 WEST 57TH STREET  
SUITE 4200

City State Zip Code  
NEW YORK NY 99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOHLBERG, KRAVIS, ROBERTS  
& CO

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977603

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
INGEBORG RENNERT

Mailing Address ONE ROCKEFELLER PLAZA  
29TH FLOOR

City State Zip Code  
NEW YORK NY 99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977606

Amount of Each Receipt this Period

30400.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
IRA RENNERT

Mailing Address ONE ROCKEFELLER PLAZA  
29TH FLOOR

City State Zip Code  
NEW YORK NY 99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE RENCO GROUP, INC.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977605

Amount of Each Receipt this Period

1600.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2627 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAROLE WEINSTEIN

Mailing Address 2 JOHN CHRISTOPHER COURT

City

RICHMOND

State

VA

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977604

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

SAMUEL ZELL

Mailing Address 2N. RIVERSIDE PLAZA  
SUITE 600

City

CHICAGO

State

IL

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EQUITY GROUP INVESTMENTS

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977607

Amount of Each Receipt this Period

4800.00

JFC ATTRIBUTION: CANTOR  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

CONGRESSIONAL TRUST 2010

Mailing Address 228 S WASHINGTON STREET  
SUITE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

163744.06

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.CT001

Amount of Each Receipt this Period

90143.90

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

**SUBTOTAL** of Receipts This Page (optional) .....

90143.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2628 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN AVELLINO

Mailing Address 35 MASON STREET

City

GREENWICH

State

CT

Zip Code

06830-5433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZEICHNER ELLMAN & KRAUSE

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958018

Amount of Each Receipt this Period

125.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

LANCE BAKROW

Mailing Address 130 FIELD POINT CIRCLE

City

GREENWICH

State

CT

Zip Code

06830-7071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENWICH POWER

Occupation

ENERGY EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958198

Amount of Each Receipt this Period

50.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

JEANNE BENNETT

Mailing Address 31 PERRYRIDGE ROAD

City

GREENWICH

State

CT

Zip Code

06830-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROUND HILL NURSERY SCHOOL

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958197

Amount of Each Receipt this Period

2.50

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2629 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT BISHOP

Mailing Address 503 SILVERMINE ROAD

City State Zip Code  
NEW CANAAN CT 06840-4320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPALA ASSET MANAGEMENT

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958183

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
ALAN BREED

Mailing Address 34 ROCK RIDGE ROAD

City State Zip Code  
GREENWICH CT 06831-4441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIDGEWOOD MANAGEMENT, LLC

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958184

Amount of Each Receipt this Period

15200.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
JENNE BRITELL

Mailing Address 166 CALLE VENTOSO W.

City State Zip Code  
SANTA FE NM 87506-7731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROWN HOLDINGS, LLC

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958185

Amount of Each Receipt this Period

125.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2630 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES CAREY

Mailing Address 61 SUMMERSWEET ROAD

City

NEW CANAAN

State

CT

Zip Code

06840-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIRECT TV

Occupation

CHAIRMAN &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958000

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

JAN CHAPMAN

Mailing Address 22 GARTON PLAZA

City

WESTON

State

WV

Zip Code

26452-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEY OIL COMPANY

Occupation

OWNER &amp; PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958008

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

CASEY COWELL

Mailing Address 211 N. CLINTON ST.  
SUITE 2N

City

CHICAGO

State

IL

Zip Code

60661-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DURANDAL, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958012

Amount of Each Receipt this Period

15200.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2631 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PETER DAPUZZO

Mailing Address 16 PILOT ROCK LANE

City

RIVERSIDE

State

CT

Zip Code

06878-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958182

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MR. NATHANIEL B. DAY

Mailing Address 1 HILLSIDE DRIVE

City

GREENWICH

State

CT

Zip Code

06830-4751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958196

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

JORDAN DORFMAN

Mailing Address 18 E. DIVISION  
#2

City

CHICAGO

State

IL

Zip Code

60610-2326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHICAGO MEAT AUTHORITY,  
INC.

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958013

Amount of Each Receipt this Period

125.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2632 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRODY DOUGLAS

Mailing Address 93 LEONARD STREET  
APT. 5City State Zip Code  
NEW YORK NY 10013-3458FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KOHLBERG KRAVIS & ROBERTSOccupation  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958192

Amount of Each Receipt this Period

50.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

BRIAN FITZGERALD

Mailing Address 8 GREENWICH OFFICE PARK  
SUITE 3City State Zip Code  
GREENWICH CT 06831-5149FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CAPITAL PARTNERSOccupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958028

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

BRIAN FITZGERALD

Mailing Address 8 GREENWICH OFFICE PARK  
SUITE 3City State Zip Code  
GREENWICH CT 06831-5149FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CAPITAL PARTNERSOccupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958191

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) ▶

0.00

**TOTAL** This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2633 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

L. SCOTT FRANTZ

Mailing Address 8 SOUND SHORE DRIVE

City

GREENWICH

State

CT

Zip Code

06830-7242

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HAEBLER CAPITAL

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958181

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

LILE GIBBONS

Mailing Address 27 SUNSET ROAD

City

OLD GREENWICH

State

CT

Zip Code

06870-2109

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
STATE OF CONNECTICUT

Occupation

STATE LEGISLATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958020

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

ALEXANDER GLAZER

Mailing Address 17 HUSTED LANE

City

GREENWICH

State

CT

Zip Code

06830-4730

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958187

Amount of Each Receipt this Period

5.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2634 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES L. GLAZER

Mailing Address 17 HUSTED LANE

City

GREENWICH

State

CT

Zip Code

06830-4730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C.L. GLAZER & COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.39

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13957999

Amount of Each Receipt this Period

1095.39

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

LINDSAY GLAZER

Mailing Address 17 HUSTED LANE

City

GREENWICH

State

CT

Zip Code

06830-4730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958190

Amount of Each Receipt this Period

25.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

GORDON HARTOGENSIS

Mailing Address 67 HARBOR DRIVE

City

GREENWICH

State

CT

Zip Code

06830-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AURIC TECHNOLOGY

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958027

Amount of Each Receipt this Period

1000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2635 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWIN HODGE

Mailing Address 111 OXFORD ROAD

City

KENILWORTH

State

IL

Zip Code

60043-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MORGAN STANLEY SMITH BARN-  
EY

Occupation

INVESTMENT SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958005

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. JECKERING

Mailing Address 7720 MAYFIELD ROAD

City

GATES MILLS

State

OH

Zip Code

44040-8601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958001

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

HERSCH KLAFF

Mailing Address 150 RAVINE GLADE STREET

City

GLENCOE

State

IL

Zip Code

60022-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KLAFF REALTY, LP

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958014

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2636 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LIZ KURANTOWICZ

Mailing Address 244 GRISWOLD DRIVE

City

WEST HARTFORD

State

CT

Zip Code

06119-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONNECTICUT REPUBLICAN PA-  
RTY

Occupation

CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958189

Amount of Each Receipt this Period

12.50

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

LARRY LAWRENCE

Mailing Address 40 BROOKRIDGE DRIVE

City

GREENWICH

State

CT

Zip Code

06830-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLEGRA CAPITAL PARTNERS

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958029

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

NEIL MACKENZIE

Mailing Address 22 LANTERN DRIVE

City

RIDGEFIELD

State

CT

Zip Code

06877-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE BELLE HAVEN CLUB

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

109.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958194

Amount of Each Receipt this Period

109.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2637 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY M. MACKINNON

Mailing Address 3753 OLIVER STREET NW

City

WASHINGTON

State

DC

Zip Code

20015-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RYAN, MACKINNON, VASAPOLI

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958002

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. BARRY MACLEAN

Mailing Address 1000 ALLANSON ROAD

City

MUNDELEIN

State

IL

Zip Code

60060-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MACLEAN-FOGG COMPANY

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958009

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

ROSS MANIRE

Mailing Address 665 PLUMTREE ROAD

City

GLEN ELLYN

State

IL

Zip Code

60137-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EXTENET SYSTEMS, INC.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958021

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2638 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER MASON

Mailing Address 311 S. WACKER DRIVE  
SUITE 3000City State Zip Code  
CHICAGO IL 60606-6683FEC ID number of contributing  
federal political committee.**C**Name of Employer  
FREEBORN & PETERSOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958010

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. PETER MASON

Mailing Address 311 S. WACKER DRIVE  
SUITE 3000City State Zip Code  
CHICAGO IL 60606-6683FEC ID number of contributing  
federal political committee.**C**Name of Employer  
FREEBORN & PETERSOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958011

Amount of Each Receipt this Period

14700.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR CHRISTINE MEEK

Mailing Address 20 MIDDLE RIDGE ROAD

City State Zip Code  
STAMFORD CT 06903-4026FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ROBUSTELLI MERCHANDISE SV-  
CS.Occupation  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958193

Amount of Each Receipt this Period

50.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2639 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD K. MILLER

Mailing Address 588 ROUND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831-2724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXIOM INTERNATIONAL INVES-  
TORS

Occupation

ASSET MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958022

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

K. RUPERT MURDOCH

Mailing Address 444 NORTH CAPITOL ST. NW  
SUITE 740

City

WASHINGTON

State

DC

Zip Code

20001-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEWS CORPORATION

Occupation

CHAIRMAN &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958003

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

PETER ORTHWEIN

Mailing Address 154 GUARDS ROAD

City

GREENWICH

State

CT

Zip Code

06831-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOR INDUSTRIES, INC.

Occupation

VICE-CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958023

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2640 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRISTIAN OVERBECK

Mailing Address 630 LAKE AVENUE

City

GREENWICH

State

CT

Zip Code

06830-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SARATOGA PARTNERS

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958180

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

CHARLES PERUCHINI

Mailing Address 2150 N. LINCOLN PARK WEST  
#1309

City

CHICAGO

State

IL

Zip Code

60614-4647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAVIGANT

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958006

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

SHARON PHILLIPS

Mailing Address 6 HYCLIFF ROAD

City

GREENWICH

State

CT

Zip Code

06831-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958007

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2641 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT PLATT

Mailing Address 226 KENMORE AVENUE

City

ELMHURST

State

IL

Zip Code

60126-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOSTARDI PLATT ENVIRONMEN-  
TAL

Occupation

ENVIRONMENTAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958017

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

SHARON PROPST

Mailing Address 353 CAROLINA PINES BLVD.

City

NEW BERN

State

NC

Zip Code

28560-8483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958188

Amount of Each Receipt this Period

5.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA READ

Mailing Address 65 GILLIAM LANE

City

RIVERSIDE

State

CT

Zip Code

06878-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958186

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2642 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MELISSA SALAME

Mailing Address 16 HEDGEROW LANE

City

GREENWICH

State

CT

Zip Code

06831-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B\*CUREDOccupation  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958024

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

GEORGE SCHIELE

Mailing Address 19 HILL ROAD

City

GREENWICH

State

CT

Zip Code

06830-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G.W. SCHIELE INVESTMENTS,  
INC.Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958025

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

KEVIN SWAN

Mailing Address 70 EAST WALTON

City

CHICAGO

State

IL

Zip Code

60611-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WATER STREET HEALTHCAREOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958015

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2643 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH VERRILL

Mailing Address 320 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003-1838

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL REPUBLICAN CONGR-  
SSIONAL COMM

Occupation

FINANCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958195

Amount of Each Receipt this Period

12.50

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY WAMPLER

Mailing Address 1102 S. PROSPECT

City

CHAMPAIGN

State

IL

Zip Code

61820-6322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ERWIN, MARTINKUS & COLE,  
LTD.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958019

Amount of Each Receipt this Period

125.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. WILBRETT

Mailing Address 5504 LAKESHORE ROAD

City

FORT GRATIOT

State

MI

Zip Code

48059-2813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958199

Amount of Each Receipt this Period

5.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2644 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD WOLDENBERG

Mailing Address 176 HASTINGS

City

HIGHLAND PARK

State

IL

Zip Code

60035-5139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEARNING RESOURCES, INC.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958016

Amount of Each Receipt this Period

1000.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

NANCY WOLF

Mailing Address 18 PINTAIL LANE

City

GREENWICH

State

CT

Zip Code

06830-6722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
HUMAN RESOURCES CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958026

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

PHYSICIAN HOSPITALS OF AMERICA PAC

Mailing Address 5900 SOUTH WESTERN AVENUE  
SUITE 102

City

SIOUX FALLS

State

SD

Zip Code

57108-5082

FEC ID number of contributing  
federal political committee.

C

C00394163

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958004

Amount of Each Receipt this Period

1500.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2645 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
CONGRESSIONAL TRUST 2010

Mailing Address 228 S WASHINGTON STREET  
SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

163744.06

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA12.CT002

Amount of Each Receipt this Period

35561.36

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B.

Full Name (Last, First, Middle Initial)  
CHARLES KOCH

Mailing Address P.O. BOX 2556

City State Zip Code  
WICHITA KS 67201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOCH INDUSTRIES

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13977550

Amount of Each Receipt this Period

24500.00

JFC ATTRIBUTION: CONGRESSIONAL TRUST 201

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
LEORA R. LEVY

Mailing Address 59 PECKSLAND ROAD

City State Zip Code  
GREENWICH CT 06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1864.68

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13977543

Amount of Each Receipt this Period

1864.68

JFC ATTRIBUTION: CONGRESSIONAL TRUST 201

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

35561.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2646 / 3187  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. STEVEN M. LEVY**

Mailing Address **59 PECKSLAND ROAD**  
**59 PECKSLAND RD.**

City State Zip Code  
**GREENWICH CT 06831**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**KAMBER MANAGEMENT CO., LLC**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1864.68

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13977544

Amount of Each Receipt this Period

1864.68

JFC ATTRIBUTION: CONGRESS-  
 IONAL TRUST 201

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
**BRET MAXWELL**

Mailing Address **4011 BRITTANY COURT**

City State Zip Code  
**NORTHBROOK IL 60062**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**MK CAPITAL**

Occupation  
**VENTURE CAPITALIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13977546

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: CONGRESS-  
 IONAL TRUST 201

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
**MOHAMMED ASHRAF QAZI**

Mailing Address **4000 TOWN CENTER**

City State Zip Code  
**SOUTHFIELD MI 48075-1410**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**CIENA HEALTHCARE MANAGEME-  
 NT**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13977551

Amount of Each Receipt this Period

7600.00

JFC ATTRIBUTION: CONGRESS-  
 IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2647 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**TOM RAGLAND**

Mailing Address **2 SPRING STREET**

City State Zip Code  
**RIVERSIDE CT 06878**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13977545

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
**BRUCE TAYLOR**

Mailing Address **9550 WEST HIGGINS ROAD**

City State Zip Code  
**ROSEMONT IL 60018**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**COLE TAYLOR BANK**

Occupation  
**CHAIRMAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13977549

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
**CHARLES URSTADT**

Mailing Address **321 RAILROAD AVENUE**

City State Zip Code  
**GREENWICH CT 06830**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**URSTADT BIDDLE PROPERTIES**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA11.13977547

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2648 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PG&amp;E CORP. EMPLOYEES ENERGY PAC

Mailing Address 77 BEALE STREET  
MC B29HCity State Zip Code  
SAN FRANCISCO CA 94105FEC ID number of contributing  
federal political committee.**C** C00404079

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11.13977548

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: CONGRESS-  
IONAL TRUST 201**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

DENT VICTORY FUND

Mailing Address PO BOX 365

City State Zip Code  
MCLEAN VA 22101FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA12.DVF01

Amount of Each Receipt this Period

16000.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J BENNETT

Mailing Address 970 N. 38TH ST.

City State Zip Code  
ALLENTOWN PA 18104FEC ID number of contributing  
federal political committee.**C**Name of Employer  
JH BENNETT, INC.Occupation  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11.13977583

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

16000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2649 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH P BERGBOWER

Mailing Address INFO REQUESTED

City

INFO REQUESTED

State

XX

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977582

Amount of Each Receipt this Period

400.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

JOHN R BIGGAR

Mailing Address 4674 BROOKRIDGE DR.

City

CENTER VALLEY

State

PA

Zip Code

18034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977639

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

CAROLYN A DAUB

Mailing Address 2800 N DELAWARE DR

City

EASTON

State

PA

Zip Code

18040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977587

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2650 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN R LOVETT

Mailing Address 2830 W LIBERTY ST

City

ALLENTOWN

State

PA

Zip Code

18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977585

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

JOHN F. MALLOY

Mailing Address 2556 SPRING VALLEY RD.

City

BETHLEHEM

State

PA

Zip Code

18015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VICTUALS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977638

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

R C MUIR

Mailing Address 1600 LEHIGH PWHY E  
APT 5L

City

ALLENTOWN

State

PA

Zip Code

18103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977586

Amount of Each Receipt this Period

1000.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2651 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM A PETERS

Mailing Address 3576 NORTH DRIVE

City

BETHLEHEM

State

PA

Zip Code

18015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. LUKE'S HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977584

Amount of Each Receipt this Period

2850.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DANIEL E SMITH

Mailing Address 102 ABBOTT RD.

City

WELLESLEY

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SYCAMORE NETWORKS

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11.13977581

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: DENT VIC-  
TORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

FOUNDERS JOINT CANDIDATE COMMITTEE

Mailing Address 288 S. WASHINGTON ST.  
STE. 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

119708.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.FJCC001

Amount of Each Receipt this Period

47705.49

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

**SUBTOTAL** of Receipts This Page (optional) .....

47705.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2652 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS F. ALLISON

Mailing Address 3707 W. MAPLE ROAD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48301-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958201

Amount of Each Receipt this Period

14700.00

JFC ATTRIBUTION: FOUNDERS  
JOINT CANDIDAT

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

GEOFFREY BOISI

Mailing Address 280 PARK AVENUE  
23RD FLOOR EAST

City

NEW YORK

State

NY

Zip Code

10017-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROUNDTABLE INVESTMENT PAR-  
TNER

Occupation  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958200

Amount of Each Receipt this Period

20000.00

JFC ATTRIBUTION: FOUNDERS  
JOINT CANDIDAT

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT V. PENNINGTON

Mailing Address 9 REDCOAT PASS

City

DARIEN

State

CT

Zip Code

06820-6021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958202

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: FOUNDERS  
JOINT CANDIDAT

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2653 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH SHIELDS

Mailing Address 140 BROADWAY

City

NEW YORK

State

NY

Zip Code

10005-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELLINGTON SHIELDS & CO.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA12.13958203

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: FOUNDERS  
JOINT CANDIDAT

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

FOUNDERS JOINT CANDIDATE COMMITTEE

Mailing Address 288 S. WASHINGTON ST.  
STE. 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

119708.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA12.FJCC002

Amount of Each Receipt this Period

18364.34

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

**C.**

Full Name (Last, First, Middle Initial)

GREGORY FAZAKERLEY

Mailing Address P.O. BOX 955

City

MIDDLEBURG

State

VA

Zip Code

20118-0955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CG INVESTMENTS, INC.

Occupation  
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA12.13958163

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: FOUNDERS  
JOINT CANDIDAT

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

18364.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2654 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**MR. KENNETH MEHLMAN**

Mailing Address **9 WEST 57TH STREET  
 SUITE 4200**

City State Zip Code  
**NEW YORK NY 10019-2701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KOHLBERG KRAVIS ROBERTS  
 & CO.**

Occupation  
**PARTNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA12.13958164

Amount of Each Receipt this Period

**5000.00**

JFC ATTRIBUTION: FOUNDERS  
 JOINT CANDIDAT

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**CHRISTOPHER RUDDY**

Mailing Address **1120 BEAR ISLAND DRIVE**

City State Zip Code  
**WEST PALM BEACH FL 33409-2005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NEWSMAX MEDIA, INC.**

Occupation  
**CEO/PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 6 / 2 0 1 0**

Transaction ID: SA12.13958162

Amount of Each Receipt this Period

**10000.00**

JFC ATTRIBUTION: FOUNDERS  
 JOINT CANDIDAT

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**FOUNDERS JOINT CANDIDATE COMMITTEE**

Mailing Address **288 S. WASHINGTON ST.  
 STE. 115**

City State Zip Code  
**ALEXANDRIA VA 22314**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**119708.23**

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 8 / 2 0 1 0**

Transaction ID: SA12.FJCC003

Amount of Each Receipt this Period

**15429.58**

TRANSFER OF JOINT FUNDRAI-  
 SING PROCEEDS

**SUBTOTAL** of Receipts This Page (optional) .....

**15429.58**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2655 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

ALICE GOODWIN

Mailing Address 901 EAST CARY STREET  
SUITE 1500City State Zip Code  
RICHMOND VA 23219FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13977612

Amount of Each Receipt this Period

13000.00

JFC ATTRIBUTION: FOUNDERS  
JOINT CANDIDAT**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

WILLIAM GOODWIN

Mailing Address 901 EAST CARY STREET  
SUITE 1500City State Zip Code  
RICHMOND VA 23219FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CCA INDUSTRIES, INC.Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11.13977611

Amount of Each Receipt this Period

4800.00

JFC ATTRIBUTION: FOUNDERS  
JOINT CANDIDAT**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

GRAND CANYON STATE LEADERSHIP FUND

Mailing Address PO BOX 365

City State Zip Code  
MCLEAN VA 22101FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.GCSLF01

Amount of Each Receipt this Period

11500.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

SUBTOTAL of Receipts This Page (optional) .....

11500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2656 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
WAYNE DESTEFANO

Mailing Address 15111 N PIMA RD  
STE 200

City State Zip Code  
SCOTTSDALE AZ 85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAWA

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13977675

Amount of Each Receipt this Period

5400.00

JFC ATTRIBUTION: GRAND CA-  
NYON STATE LEAD

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
JASON HOPE

Mailing Address 15111 N PIMA RD  
STE 200

City State Zip Code  
SCOTTSDALE AZ 85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAWA

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13977676

Amount of Each Receipt this Period

5400.00

JFC ATTRIBUTION: GRAND CA-  
NYON STATE LEAD

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
REX G MAUGHAN

Mailing Address P.O. BOX 85082

City State Zip Code  
PHOENIX AZ 85082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOREVER LIVING PRODUCTS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11.13977673

Amount of Each Receipt this Period

5400.00

JFC ATTRIBUTION: GRAND CA-  
NYON STATE LEAD

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2657 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**GRAND CANYON STATE LEADERSHIP FUND**

Mailing Address **PO BOX 365**

City State Zip Code  
**MCLEAN VA 22101**

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 1 5 / 2 0 1 0**

Transaction ID: SA12.GCSLF02

Amount of Each Receipt this Period

3600.00

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B.

Full Name (Last, First, Middle Initial)  
**MS. PATRICK D. LLOYD**

Mailing Address **11001 N 99TH AVE  
 #11634**

City State Zip Code  
**PEORIA AZ 85345-5401**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13977672

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: GRAND CANYON STATE LEAD

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
**GODADDY.COM INC. PAC**

Mailing Address **14455 N HAYDEN ST  
 STE 219**

City State Zip Code  
**SCOTTSDALE AZ 85260**

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 1 5 / 2 0 1 0**

Transaction ID: SA11.13977674

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: GRAND CANYON STATE LEAD

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

3600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2658 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HARMER VICTORY COMMITTEE

Mailing Address PO BOX 365

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA12HVC01

Amount of Each Receipt this Period

2250.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS**B.**

Full Name (Last, First, Middle Initial)

LYN A. WILCOX

Mailing Address 216 MEADOWSIDE PLACE

City

DANVILLE

State

CA

Zip Code

94526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED PER BEST  
EFFORTS

Occupation

INFO REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA12.LW001

Amount of Each Receipt this Period

2400.00

JFC ATTRIBUTION:HARMER VI-  
CTORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

KEYSTONE MAJORITY FUND

Mailing Address 288 S. WASHINGTON ST.  
STE. 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA12.KMF001

Amount of Each Receipt this Period

174000.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

SUBTOTAL of Receipts This Page (optional) .....

176250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2659 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. ANDERSON

Mailing Address 205 LURGAN RD.

City

NEW HOPE

State

PA

Zip Code

18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDERSON CONSTRUCTION

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977573

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

ALFRED BARBOUR

Mailing Address 155 DARLINGTON LANE

City

SEWICKLEY

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMCAST

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977694

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANICE E. BARENSFELD

Mailing Address 581 CHAPEL DR.

City

ELLWOOD CITY

State

PA

Zip Code

16117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977598

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2660 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALBERT N. BENINATO

Mailing Address 124 PALISADE DR.

City

FREEHOLD

State

NJ

Zip Code

07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HATCH MOTT MCDONALD

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977591

Amount of Each Receipt this Period

125.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

GREGORY BRENNAN

Mailing Address 10 EASTWOOD LANE

City

POTTSVILLE

State

PA

Zip Code

17901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALFRED BENESCH & CO.

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977565

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. FLORENCE BRONDER

Mailing Address 120 FREEDOM RD.

City

BUTLER

State

PA

Zip Code

16001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977575

Amount of Each Receipt this Period

1850.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2661 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KENNETH BRONDER

Mailing Address

City

BUTLER

State

PA

Zip Code

16001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRONDER TECH SERVICES

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977576

Amount of Each Receipt this Period

2450.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

ALAN H BUERGER

Mailing Address

City

State

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977687

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

THOMAS A. CARAMANICO

Mailing Address 848 BUCK LANE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCORMICK & TAYLOR

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977685

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2662 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS A. CARAMANICO

Mailing Address 848 BUCK LANE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCORMICK & TAYLOR

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977686

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

JOHN W. CONWAY

Mailing Address 6059 STONEY HILL RD.

City

NEW HOPE

State

PA

Zip Code

18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROWN CORK & SEAL

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977682

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

ANDRE V. DUGGIN

Mailing Address 985 OLD EAGLE SCHOOL RD.  
STE. 504

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AV INTERNATIONAL

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977564

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2663 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MATTHEW GARBER

Mailing Address 97 BYERS RD.

City State Zip Code  
OTTSTVILLE PA 18942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARROLL ENGINEERING

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977590

Amount of Each Receipt this Period

125.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
DONALD GENNUSO

Mailing Address 16 TIMBERCREST CIRCLE

City State Zip Code  
CECIL PA 15321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAI CONSULTING ENGINEERS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977566

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
SEAN W. GORMLEY

Mailing Address 2 SOUTH PEMBROKE AVENUE

City State Zip Code  
MARGATE CITY NJ 08402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIA GROUP

Occupation  
ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977571

Amount of Each Receipt this Period

1200.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2664 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SEAN W. GORMLEY

Mailing Address 2 SOUTH PEMBROKE AVENUE

City

MARGATE CITY

State

NJ

Zip Code

08402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIA GROUP

Occupation

ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977589

Amount of Each Receipt this Period

100.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

ROBERT HARMAN

Mailing Address 33 BARNSBURY RD.

City

LANGHORNE

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW FRONTIER RISK SOLUTIONS

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977567

Amount of Each Receipt this Period

550.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MYLES HARRINGTON

Mailing Address 2918 SKYLINE DR.

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRANT STREET GROUP

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977680

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2665 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALAN P. HOFFMAN

Mailing Address 1703 EAST DR.

City

VENTNOR

State

NJ

Zip Code

08406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VITETTA GROUP

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977695

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

GLENN LEMUNYON

Mailing Address 410 CONSTITUTION AVE., NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEMUNYON GROUP

Occupation

PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977592

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELSIE Y. LEWIS

Mailing Address 607 POIA RD.

City

SEWICKLEY

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977679

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2666 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE LOGUE

Mailing Address 454 MOSTELLOR RD.

City

TROUT RUN

State

PA

Zip Code

17771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLENN O. HAWBAKER INC.

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977594

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

HERBERT E. LONG

Mailing Address 501 N. BETHLEHEM PL.

City

SPRING HOUSE

State

PA

Zip Code

19477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEGION DESIGN CAMPBELL

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977563

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

JON M. LUBERT

Mailing Address 341 S. 18TH ST.

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IL MANAGEMENT INC.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977690

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2667 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN F. MALLOY

Mailing Address 2556 SPRING VALLEY RD.

City

BETHLEHEM

State

PA

Zip Code

18015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VICTUALS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977692

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. CLARK W. MARTIN

Mailing Address 918 ROELOFFS RD.

City

YARDLEY

State

PA

Zip Code

19067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MBI GLUCK SHAW

Occupation  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977593

Amount of Each Receipt this Period

250.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

RONALD MUHLENKAMP

Mailing Address 725 THREE DEGREE RD.

City

BUTLER

State

PA

Zip Code

16002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MUHLENKAMP & CO.

Occupation  
PREO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977698

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2668 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN JOSEPH MULLEN

Mailing Address

City

State

Zip Code

99999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977697

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

THOMAS NOWAKOWSKI

Mailing Address 7 CHESTNUT LANE

City

State

Zip Code

NEW HOPE

PA

18938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNITED MARKETING SERVICES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977683

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

JOHN RUNKEL

Mailing Address 1 HIGHVIEW DR.

City

State

Zip Code

SEWICKLEY

PA

15143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HJ HEINZ COMPANY

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977579

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2669 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUDITH RUNKEL

Mailing Address 1 HIGHVIEW DR.

City

SEWICKLEY

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977580

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

CHARLES E RYAN

Mailing Address 50 PARK ROW W.  
STE. 113

City

PROVIDENCE

State

RI

Zip Code

02903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REX CAPITAL ADVISORS

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977691

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM S. SHIPLEY

Mailing Address 1335 HILLTOP PLACE

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE SHIPLEY GROUP

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977568

Amount of Each Receipt this Period

750.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2670 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID J. URBAN

Mailing Address 10100 MEYER POINT TER.

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACG

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977597

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DANIEL J. VERES

Mailing Address 10210 GRUBBS RD.

City

WEXFORD

State

PA

Zip Code

15090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRANT STREET GROUP

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977681

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

DAVID WILCOX

Mailing Address 3900 S. MALLARD LANE

City

DOYLESTOWN

State

PA

Zip Code

18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLEGATE PALMOLIVE

Occupation

RESEARCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977572

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2671 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
COZEN O'CONNOR PAC

Mailing Address 1900 MARKET ST.  
3RD FL

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing  
federal political committee.

**C** C00312777

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977596

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
EXPRESSSCRIPTS INC. PAC

Mailing Address ONE EXPRESS WAY

City State Zip Code  
SAINT LOUIS MO 63121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977688

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
FIRSTENERGY PAC

Mailing Address 76 S. MAIN ST.  
SUITE 310

City State Zip Code  
AKRON OH 44308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977578

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2672 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF GARTH EVERETT

Mailing Address

City

State

Zip Code

99999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977570

Amount of Each Receipt this Period

1000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN THOMPSON

Mailing Address P.O. BOX 1066

City

State

Zip Code

LEWISTOWN

PA

17044-1066

FEC ID number of contributing  
federal political committee.

**C**

C00444620

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977693

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JEB HENSARLING

Mailing Address P.O. BOX 820504

City

State

Zip Code

DALLAS

TX

75382-0504

FEC ID number of contributing  
federal political committee.

**C**

C00370650

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977696

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2673 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HDR INC. PAC

Mailing Address 8404 INDIAN HILLS DR.

City

OMAHA

State

NE

Zip Code

68114

FEC ID number of contributing  
federal political committee.

**C**

C00103903

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977562

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

HIGHMARK HEALTH PAC

Mailing Address 1800 CENTER ST

City

CAMP HILL

State

PA

Zip Code

17089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977595

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS

Mailing Address P.O. BOX 87

City

UWCHLAND

State

PA

Zip Code

19480-0087

FEC ID number of contributing  
federal political committee.

**C**

C00372102

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977660

Amount of Each Receipt this Period

42500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2674 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KEYSTONE ALLIANCE PAC

Mailing Address P.O. BOX 3883

City

PHILADELPHIA

State

PA

Zip Code

19146-0183

FEC ID number of contributing  
federal political committee.

**C**

C00432096

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977684

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

SAUL EWING LLP

Mailing Address 1500 MARKET ST.  
38TH FL. 38TH FLOOR

City

PHILADELPHIA

State

PA

Zip Code

19102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977699

Amount of Each Receipt this Period

7500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

SOCIETY OF IND. GASOLINE MKTS PAC

Mailing Address 3930 PENDER DR.,  
STE. 340

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977569

Amount of Each Receipt this Period

750.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2675 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SPECTRA ENERGY CORP PAC

Mailing Address 5400 WESTHEIMER CT.

City

HOUSTON

State

TX

Zip Code

77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977577

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

STRADLEY, RONON STEVENS & YOUNG, LLP

Mailing Address 2005 MARKET ST.  
STE. 2600

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977574

Amount of Each Receipt this Period

1250.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

TUESDAY GROUP PAC

Mailing Address P.O. BOX 11586

City

WASHINGTON

State

DC

Zip Code

20008-0786

FEC ID number of contributing  
federal political committee.

C

C00433060

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.13977689

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2676 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
KEYSTONE MAJORITY FUND

Mailing Address 288 S. WASHINGTON ST.  
STE. 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA12.KMF002

Amount of Each Receipt this Period

25000.00

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)  
BLAISE ALEXANDER

Mailing Address 10 ALEXANDER DR.

City State Zip Code  
MUNCY PA 17756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977616

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
MS. EVELYN GRAHAM

Mailing Address 61 COXE ST.

City State Zip Code  
HAZLETON PA 18201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AD EASE, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977613

Amount of Each Receipt this Period

2500.00

JFC ATTRIBUTION: KEYSTONE VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2677 / 3187

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM RINALDI

Mailing Address 4000 4TH ST., STE. 3

City

MOOSIC

State

PA

Zip Code

18507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977617

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MARVIN SLOWOWITZ

Mailing Address 313 SYLBERT DR.

City

KINGSTON

State

PA

Zip Code

18704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977618

Amount of Each Receipt this Period

10000.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

COZEN O'CONNOR PAC

Mailing Address 1900 MARKET ST.  
3RD FL

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing  
federal political committee.

C

C00312777

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.13977614

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2678 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**SAUL EWING LLP**

Mailing Address **1500 MARKET ST.**  
**38TH FL. 38TH FLOOR**

City State Zip Code  
**PHILADELPHIA PA 19102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**8500.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 0 1 / 2 0 1 0**

**Transaction ID: SA11.13977615**

Amount of Each Receipt this Period

**1000.00**

JFC ATTRIBUTION: KEYSTONE  
VICTORY FUND

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**MAJORITY TRUST**

Mailing Address **228 S WASHINGTON STREET**  
**SUITE 115**

City State Zip Code  
**ALEXANDRIA VA 22314**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1650.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

**Transaction ID: SA12.MT001**

Amount of Each Receipt this Period

**1650.00**

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

**C.**

Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. JECKERING**

Mailing Address **7720 MAYFIELD ROAD**

City State Zip Code  
**GATES MILLS OH 44040-8601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**4166.67**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 4 / 2 0 1 0**

**Transaction ID: SA12.13958205**

Amount of Each Receipt this Period

**1666.67**

JFC ATTRIBUTION: MAJORITY  
TRUST 2010

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**1650.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2679 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
ROLLS ROYCE NORTH AMERICA PACMailing Address 1875 EXPLORER STREET  
SUITE 200City State Zip Code  
RESTON VA 20190-6022FEC ID number of contributing  
federal political committee.**C** C00296822

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA12.13958204

Amount of Each Receipt this Period

5000.00

JFC ATTRIBUTION: MAJORITY  
TRUST 2010**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
MARY BONO MACK VICTORY FUND

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA12.MBMVF01

Amount of Each Receipt this Period

28700.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS**C.**Full Name (Last, First, Middle Initial)  
THOMAS BOMBADIER

Mailing Address 195 HANOVER STREET

City State Zip Code  
HANOVER MA 02339FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA11.13977608

Amount of Each Receipt this Period

14350.00

JFC ATTRIBUTION: MARY BONO  
MACK VICTORY**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

28700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2680 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**JOHN FOWLER**

Mailing Address **195 HANOVER STREET**

City State Zip Code  
**HANOVER MA 02339**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

**14350.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 8 / 2 0 1 0**

Transaction ID: SA11.13977609

Amount of Each Receipt this Period

**14350.00**

JFC ATTRIBUTION: MARY BONO  
 MACK VICTORY

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**NEW ENGLAND MAJORITY FUND**

Mailing Address **PO BOX 365**

City State Zip Code  
**MCLEAN VA 22101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**11100.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 1 0 / 2 0 1 0**

Transaction ID: SA12NEMF01

Amount of Each Receipt this Period

**11100.00**

TRANSFER OF JOINT FUNDRAI-  
 SING PROCEEDS

**C.**

Full Name (Last, First, Middle Initial)  
**GEOFFREY REHNERT**

Mailing Address **101 HUNTINGTON AVE.**

City State Zip Code  
**BOSTON MA 02199**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AUDAX**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5500.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 1 / 1 0 / 2 0 1 0**

Transaction ID: SA11.13977555

Amount of Each Receipt this Period

**5500.00**

JFC ATTRIBUTION: NEW ENGL-  
 AND MAJORITY FU

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**11100.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2681 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
DAVID C. WEINSTEINMailing Address 60 STATE ST.  
SUITE 700City State Zip Code  
BOSTON MA 02109FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13977553

Amount of Each Receipt this Period

3333.33

JFC ATTRIBUTION: NEW ENGL-  
AND MAJORITY FU**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
DAVID WEINSTEIN

Mailing Address 158 COTTON ST.

City State Zip Code  
NEWTON MA 02158FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Transaction ID: SA11.13977554

Amount of Each Receipt this Period

5500.00

JFC ATTRIBUTION: NEW ENGL-  
AND MAJORITY FU**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
SCHOCK VICTORY COMMITTEE

Mailing Address 264 N. LUMPKIN ST., #202

City State Zip Code  
ATHENS GA 30601FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99457.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA12.SVC001

Amount of Each Receipt this Period

602.36

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

SUBTOTAL of Receipts This Page (optional) .....

602.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2682 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DOUGLAS OBERHELMAN

Mailing Address 6000 NORTH KICKAPOO EDWARDS ROAD

City

EDWARDS

State

IL

Zip Code

61528-9473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATERPILLAR, INC.

Occupation

GROUP PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11.13977588

Amount of Each Receipt this Period

1000.00

JFC ATTRIBUTION: SCHOCK  
VICTORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN HILBERT

Mailing Address 6270 CORPORATE DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW SUNSHINE, LLC

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA12.13958215

Amount of Each Receipt this Period

15000.00

JFC ATTRIBUTION: 2010 IND-  
IANA REPUBLICAN

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

2051082.60

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2683 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WACHOVIA

Mailing Address 1753 PINNACLE DRIVE

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

12000000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA13.LOC01

Amount of Each Receipt this Period

12000000.00

DRAW ON LINE OF CREDIT

SUBTOTAL of Receipts This Page (optional) .....

12000000.00

TOTAL This Period (last page this line number only) .....

12000000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2684 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City

LEXINGTON

State

KY

Zip Code

40588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

916.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA15-0.000628

Amount of Each Receipt this Period

916.41

REFUND - TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

ANN MARIE BUERKLE FOR CONGRESS

Mailing Address 3779 UNDERWOOD WAY

City

SYRACUSE

State

NY

Zip Code

13215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

633.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA15-0.000634

Amount of Each Receipt this Period

633.80

REFUND - TRAVEL

**C.**

Full Name (Last, First, Middle Initial)

BUCHSHON FOR CONGRESS

Mailing Address PO BOX 250

City

NEWBURGH

State

IN

Zip Code

47629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

916.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA15-0.000627

Amount of Each Receipt this Period

916.41

REFUND - TRAVEL

SUBTOTAL of Receipts This Page (optional) .....

2466.62

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2685 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLIE DENT FOR CONGRESS

Mailing Address PO BOX 442

City

ALLENTOWN

State

PA

Zip Code

18105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA15-0.000631

Amount of Each Receipt this Period

631.77

REFUND - TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

CHRIS LEE FOR CONGRESS

Mailing Address P.O. BOX 15395

City

ROCHESTER

State

NY

Zip Code

14615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1217.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA15-0.000636

Amount of Each Receipt this Period

580.88

REFUND - TRAVEL

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF TODD YOUNG

Mailing Address PO BOX 1053

City

BLOOMINGTON

State

IN

Zip Code

47402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA15-0.000626

Amount of Each Receipt this Period

916.41

REFUND - TRAVEL

SUBTOTAL of Receipts This Page (optional) .....

2129.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2686 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
HAROLD JOHNSON FOR CONGRESS

Mailing Address 349-L COPPERFIELD BLVD  
SUITE 233

City State Zip Code  
CONCORD NC 28025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.26

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000635

Amount of Each Receipt this Period

779.26

REFUND - TRAVEL

**B.**

Full Name (Last, First, Middle Initial)  
HOOSIERS FOR ROKITA

Mailing Address 7643 EAST U.S. 36

City State Zip Code  
AVON IN 46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.41

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000625

Amount of Each Receipt this Period

916.41

REFUND - TRAVEL

**C.**

Full Name (Last, First, Middle Initial)  
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 87

City State Zip Code  
UWCHLAND PA 19480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.11

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000630

Amount of Each Receipt this Period

401.11

REFUND - TRAVEL

**SUBTOTAL** of Receipts This Page (optional) .....

2096.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2687 / 3187

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LALLY FOR CONGRESS

Mailing Address 2017 BOULEVARD NAPOLEON

City

LOUISVILLE

State

KY

Zip Code

40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.41

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000620

Amount of Each Receipt this Period

916.41

REFUND - TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

LOU BARLETTA FOR CONGRESS

Mailing Address PO BOX 128

City

HAZLETON

State

PA

Zip Code

18201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA15-0.000640

Amount of Each Receipt this Period

336.50

REFUND - TRAVEL

**C.**

Full Name (Last, First, Middle Initial)

MIKE KELLY FOR CONGRESS

Mailing Address PO BOX 476

City

LYNDORA

State

PA

Zip Code

16045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000633

Amount of Each Receipt this Period

923.30

REFUND - TRAVEL

**SUBTOTAL** of Receipts This Page (optional) .....

2176.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2688 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TIM WALBERG FOR CONGRESS

Mailing Address 317 W. WASHINGTON AVE

City

JACKSON

State

MI

Zip Code

49201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000629

Amount of Each Receipt this Period

410.37

REFUND - TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

TOM REED FOR CONGRESS

Mailing Address 99 W 1ST ST

City

CORNING

State

NY

Zip Code

14830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.88

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000624

Amount of Each Receipt this Period

580.88

REFUND - TRAVEL

**C.**

Full Name (Last, First, Middle Initial)

WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City

MISHAWAKA

State

IN

Zip Code

46546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.51

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000632

Amount of Each Receipt this Period

254.51

REFUND - TRAVEL

**SUBTOTAL** of Receipts This Page (optional) .....

1245.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2689 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City

LOUISVILLE

State

KY

Zip Code

40290-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11079.03

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000637

Amount of Each Receipt this Period

453.23

REFUND - INSURANCE

**B.**

Full Name (Last, First, Middle Initial)

COMMUNICATIONS CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City

BOSTON

State

VA

Zip Code

22713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21239.51

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA15-0.000618

Amount of Each Receipt this Period

8485.29

REFUND - PRINTING

**C.**

Full Name (Last, First, Middle Initial)

CRAFT MEDIA DIGITAL

Mailing Address 706 7TH ST SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA15-0.000641

Amount of Each Receipt this Period

11500.00

REFUND - MEDIA

**SUBTOTAL** of Receipts This Page (optional) .....

20438.52

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2690 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City

WASHINGTON

State

DC

Zip Code

20013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19302.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA15-0.000622

Amount of Each Receipt this Period

2640.00

REFUND - TAXES

**B.**

Full Name (Last, First, Middle Initial)

WILKINS ENTERPRISE

Mailing Address 11201 GLISSADE DR

City

CLINTON

State

MD

Zip Code

20735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4215.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA15-0.000619

Amount of Each Receipt this Period

4215.35

REFUND - MAINTENANCE

**C.**

Full Name (Last, First, Middle Initial)

SCOTTPAC

Mailing Address 15 LAUREL TERRACE

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3454.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: SA15-0.000623

Amount of Each Receipt this Period

3454.97

REFUND - TRAVEL

SUBTOTAL of Receipts This Page (optional) .....

10310.32

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2691 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE FREEDOM PROJECT

Mailing Address 631-B PENNSYLVANIA AVE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

9509.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA15-0.000621

Amount of Each Receipt this Period

567.06

REFUND - TRAVEL

SUBTOTAL of Receipts This Page (optional) .....

567.06

TOTAL This Period (last page this line number only) .....

41430.33

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2692 / 3187

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address P.O. BOX 1444

City	State	Zip Code
ENNIS	TX	75120-1444

FEC ID number of contributing  
federal political committee.**C** C00195065

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA15.13967224

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. ANDREW F. BARTH

Mailing Address 2200 CHAUCER ROAD

City	State	Zip Code
SAN MARINO	CA	91108-1314

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CAPITAL GROUP COMPANIESOccupation  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA15.13957961

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. SUMIR CHADHA

Mailing Address 1440 OAK RIM DRIVE

City	State	Zip Code
HILLSBOROUGH	CA	94010-7356

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GRANITE CAPITALOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA15.13959341

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

65800.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2693 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE H. CONRADES

Mailing Address 344 BEACON STREET

City

BOSTON

State

MA

Zip Code

02116-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA15.13969125

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA GABY

Mailing Address 445 OLD HOMESTEAD TRAIL

City

JOHNS CREEK

State

GA

Zip Code

30097-8027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GABY FOUNDATION

Occupation  
TRUSTEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA15.13961203

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD GABY

Mailing Address 445 OLD HOMESTEAD TRAIL

City

JOHNS CREEK

State

GA

Zip Code

30097-8027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GABY FOUNDATION

Occupation  
TRUSTEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA15.13961200

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

63200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2694 / 3187  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

A.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT S. KRAMER**

Mailing Address **1233 N GULFSTREAM AVENUE**  
**APARTMENT 1403**

City State Zip Code  
**SARASOTA FL 34236-8923**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SARO MANAGEMENT INCORPORATED**

Occupation  
**OWNER/RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 1 0**

Transaction ID: SA15.13957962

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
**MR. ANDRE B. LACY**

Mailing Address **54 MONUMENT CIRCLE**  
**STE. 800**

City State Zip Code  
**INDIANAPOLIS IN 46204**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**LDI, LTD.**

Occupation  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 6 / 2 0 1 0**

Transaction ID: SA15.13967226

Amount of Each Receipt this Period

2200.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM FEDERAL  
FUN

C.

Full Name (Last, First, Middle Initial)  
**MR. ROBERT C. MCNAIR, SR.**

Mailing Address **TWO RELIANT PARK**  
**RELIANT STADIUM**

City State Zip Code  
**HOUSTON TX 77054-1573**

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**THE HOUSTON TEXANS**

Occupation  
**CHAIRMAN & CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 0 9 / 2 0 1 0**

Transaction ID: SA15.13967208

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2695 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. FRANCES B. NELSON

Mailing Address 60 31ST AVENUE

City

SAN MATEO

State

CA

Zip Code

94403-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOHANNAR DEVELOPMENT COMP-  
ANY

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA15.13942460

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROD SCHNEIDMILLER

Mailing Address 6716 S SADDLE RIDGE ROAD

City

GREENACRES

State

WA

Zip Code

99016-7716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STERLING INTERNATIONAL,  
INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA15.13942941

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION FROM FEDERAL  
FUN

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SCHWAB

Mailing Address PO BOX 192861

City

SAN FRANCISCO

State

CA

Zip Code

94119-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHARLES SCHWAB & COMPANY  
INC.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA15.13957960

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2696 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. STEPHENSON

Mailing Address P.O. BOX 43326

City

ATLANTA

State

GA

Zip Code

30336-0326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YANCEY BROS. COMPANYOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: SA15.13932331

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SYCUAN BAND OF THE KUMEYAAY NATION

Mailing Address 5459 SYCUAN ROAD

City

EL CAJON

State

CA

Zip Code

92019-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Transaction ID: SA15.13961201

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BORDER HEALTH FEDERAL PAC

Mailing Address 612 W NOLANA STREET  
SUITE 340

City

MCALLEN

State

TX

Zip Code

78504-3088

FEC ID number of contributing  
federal political committee.

C

C00415752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA15.13942461

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

50000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2697 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

COMMON SENCE COMMON SOLUTIONS PAC

Mailing Address 1155 21ST STREET NW  
SUITE 300

City State Zip Code  
WASHINGTON DC 20036-3312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA15.13965488

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CONCERNED AMERICANS FOR FREEDOM & OPPORTUNITY PAC

Mailing Address 228 SOUTH WASHINGTON STREET  
SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00481176

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA15.13967223

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

INDEPENDENT INSURANCE AGENTS AND BROKERS OF AMERICA

Mailing Address 412 1ST STREET SE  
SUITE 300

City State Zip Code  
WASHINGTON DC 20003-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA15.13972724

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

33000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2698 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KOCH INDUSTRIES PAC

Mailing Address 655 15TH STREET N.W.  
SUITE 445City State Zip Code  
WASHINGTON DC 20005-5727FEC ID number of contributing  
federal political committee.**C** C00236489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: SA15.13970896

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MANAGED FUNDS ASSOCIATION PAC

Mailing Address 2025 M. STREET NW  
SUITE 610City State Zip Code  
WASHINGTON DC 20036-2422FEC ID number of contributing  
federal political committee.**C** C00306894

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA15.13961199

Amount of Each Receipt this Period

7600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION, PAC

Mailing Address 1101 KING STREET  
SUITE 600City State Zip Code  
ALEXANDRIA VA 22314-2965FEC ID number of contributing  
federal political committee.**C** C00144766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: SA15.13969124

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

37600.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2699 / 3187

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEW PIONEERS PAC

Mailing Address 228 SO. WASHINGTON STREET  
SUITE 115City State Zip Code  
ALEXANDRIA VA 22314-5404FEC ID number of contributing  
federal political committee.**C** C00459123

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: SA15.13957958

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PFIZER, PAC

Mailing Address 325 7TH STREET, NW STE. 1200

City State Zip Code  
WASHINGTON DC 20004-2820FEC ID number of contributing  
federal political committee.**C** C00016683

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA15.13967210

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TEXAS FREEDOM FUND

Mailing Address 104 E. HUME AVENUE

City State Zip Code  
ALEXANDRIA VA 22301-1015FEC ID number of contributing  
federal political committee.**C** C00340661

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA15.13967222

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

50400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2700 / 3187

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WEDGE PAC

Mailing Address P.O. BOX 680063

City

FRANKLIN

State

TN

Zip Code

37068-0063

FEC ID number of contributing  
federal political committee.

**C**

C00409276

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA15.13957959

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WELLPOINT INC., WELLPAC

Mailing Address 655 15TH STREET, NW SUITE 425

City

WASHINGTON

State

DC

Zip Code

20005-5724

FEC ID number of contributing  
federal political committee.

**C**

C00197228

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA15.13967209

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

360500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2701 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. KATHERINE H. ALDEN

Mailing Address 440 MANZANITA WAY

City  
WOODSIDE

State  
CA

Zip Code  
94062-1215

Purpose of Disbursement  
IN-KIND: FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SA11A.13977523A

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016700

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

15321.16

C.

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016702

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

411.23

SUBTOTAL of Disbursements This Page (optional) ▶

17732.39

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2702 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016974

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

415.71

B.

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017187

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

102.81

C.

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016703

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1752.14

SUBTOTAL of Disbursements This Page (optional) .....

2270.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2703 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016975

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1756.62

**B.**

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017188

Date of Disbursement

/   /

Amount of Each Disbursement this Period

438.04

**C.**

Full Name (Last, First, Middle Initial)

JONATHAN BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016881

Date of Disbursement

/   /

Amount of Each Disbursement this Period

243.62

**SUBTOTAL** of Disbursements This Page (optional) .....

2438.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2704 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2896.56

B.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016976

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2908.90

C.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017189

Date of Disbursement

/   /

Amount of Each Disbursement this Period

724.14

**SUBTOTAL** of Disbursements This Page (optional) .....

6529.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2705 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016705

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1397.62

B.

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016977

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1402.10

C.

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017190

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

349.41

SUBTOTAL of Disbursements This Page (optional) .....

3149.13

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2706 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016713

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

2460.19

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016978

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

2472.53

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017191

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

615.05

SUBTOTAL of Disbursements This Page (optional) .....

5547.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2707 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016714

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

887.08

B.

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016979

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

891.55

C.

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017192

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

221.77

SUBTOTAL of Disbursements This Page (optional) .....

2000.40

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2709 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016961

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

214.52

B.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016980

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1255.41

C.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017193

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

312.74

SUBTOTAL of Disbursements This Page (optional) .....

1782.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2710 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016708

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1830.59

B.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016981

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1842.93

C.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017194

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

457.65

SUBTOTAL of Disbursements This Page (optional) .....

4131.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2711 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURA CAMP

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016962

Date of Disbursement

/   /

Amount of Each Disbursement this Period

83.33

B.

Full Name (Last, First, Middle Initial)

LAURA M CAMP

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016709

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1324.04

C.

Full Name (Last, First, Middle Initial)

LAURA M CAMP

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016982

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1328.51

**SUBTOTAL** of Disbursements This Page (optional) .....

2735.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2712 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURA M CAMP

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017195

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

331.01

B.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016710

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1178.87

C.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016983

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1183.33

SUBTOTAL of Disbursements This Page (optional) .....

2693.21

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2713 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017196

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

294.72

B.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016711

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2120.23

C.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016963

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

887.39

SUBTOTAL of Disbursements This Page (optional) .....

3302.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2714 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016984

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2132.57

**B.**

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017134

Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.00

**C.**

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017197

Date of Disbursement

/   /

Amount of Each Disbursement this Period

530.06

**SUBTOTAL** of Disbursements This Page (optional) .....

2741.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2715 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRIS CARR

Mailing Address 2267 DESERT PRAIRIE ST

City LAS VEGAS State NV Zip Code 89135

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016858

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

9200.00

B.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016712

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

784.73

C.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016985

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

789.21

SUBTOTAL of Disbursements This Page (optional) .....

10773.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2716 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017198

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

196.18

B.

Full Name (Last, First, Middle Initial)

BENJAMIN CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016882

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

534.70

C.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016715

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1143.46

SUBTOTAL of Disbursements This Page (optional) .....

1874.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2717 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016986

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1147.92

B.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017199

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

285.87

C.

Full Name (Last, First, Middle Initial)

NAKKU CHUNG

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016859

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

2433.79

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2718 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN CLINE

Mailing Address

325 7TH ST. NE SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004

Purpose of Disbursement

IN-KIND: FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SA11A.13977525A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

KARRIE COHEN

Mailing Address

1007 W BRADDOCK RD

City

ALEXANDRIA

State

VA

Zip Code

22302

Purpose of Disbursement

FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21-0.016627

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

5060.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT COUSINS

Mailing Address

320 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21-0.016716

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Amount of Each Disbursement this Period

1450.89

SUBTOTAL of Disbursements This Page (optional) .....

6760.89

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2719 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT COUSINS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016883

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

4309.59

B.

Full Name (Last, First, Middle Initial)

ROBERT COUSINS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016987

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1455.37

C.

Full Name (Last, First, Middle Initial)

ROBERT COUSINS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017136

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

520.54

SUBTOTAL of Disbursements This Page (optional) .....

6285.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2720 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ROBERT COUSINS**

Mailing Address **320 1ST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017200  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**362.72**

**B.**

Full Name (Last, First, Middle Initial)  
**TOM CRAWFORD**

Mailing Address **325 7TH ST. NW SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20004**

Purpose of Disbursement  
**IN-KIND: FOOD AND BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SA11A.13977526A  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)  
**JOHN R CRISCUOLO**

Mailing Address **320 1ST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016717  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**1082.11**

**SUBTOTAL** of Disbursements This Page (optional) .....

**1694.83**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2721 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016988

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1086.57

B.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017201

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

270.53

C.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016718

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1297.34

SUBTOTAL of Disbursements This Page (optional) .....

2654.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2722 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016823

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

202.74

B.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016989

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1301.81

C.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017202

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

324.34

SUBTOTAL of Disbursements This Page (optional) .....

1828.89

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2723 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016719

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

4226.93

B.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016990

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

4239.27

C.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017203

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

1056.73

SUBTOTAL of Disbursements This Page (optional) .....

9522.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2724 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEANNEMARIE DAVIS

Mailing Address

2213 ARYNESS DR.

City

VIENNA

State

VA

Zip Code

22181

Purpose of Disbursement

IN-KIND: CATERING

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SA11A.13977524A

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1230.63

B.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address

320 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.016720

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1667.10

C.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address

320 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.016991

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1679.43

SUBTOTAL of Disbursements This Page (optional) .....

4577.16

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2725 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017204

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

416.77

B.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016721

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

3006.01

C.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016992

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

3193.62

SUBTOTAL of Disbursements This Page (optional) .....

6616.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2726 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017206

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

797.29

B.

Full Name (Last, First, Middle Initial)

MARIA I DIESEL

Mailing Address 1533 JOHNNYS WAY

City  
WEST CHESTER

State  
PA

Zip Code  
19382

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017104

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

4285.04

C.

Full Name (Last, First, Middle Initial)

MARIANA DIEZ

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016722

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

900.88

SUBTOTAL of Disbursements This Page (optional) .....

5983.21

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2727 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARIANA DIEZ

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016993

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

905.35

B.

Full Name (Last, First, Middle Initial)

MARIANA DIEZ

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017207

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

225.22

C.

Full Name (Last, First, Middle Initial)

RACHEL DRESEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016723

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1591.95

SUBTOTAL of Disbursements This Page (optional) .....

2722.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2728 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RACHEL DRESEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016994

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2166.35

B.

Full Name (Last, First, Middle Initial)

RACHEL DRESEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017208

Date of Disbursement

/   /

Amount of Each Disbursement this Period

397.99

C.

Full Name (Last, First, Middle Initial)

JOHN DUARTE

Mailing Address  
6706 DUSTY LANE

City  
MODESTO

State  
CA

Zip Code  
95357

Purpose of Disbursement  
IN-KIND: WINE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SA11A.13977529A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1080.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3644.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2729 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016724

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1367.01

B.

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016995

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1665.74

C.

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017209

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

341.75

SUBTOTAL of Disbursements This Page (optional) .....

3374.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2730 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016725

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2272.43

B.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016885

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1819.98

C.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016964

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1761.26

SUBTOTAL of Disbursements This Page (optional) .....

5853.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2731 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016996

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

2276.90

B.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017210

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

568.11

C.

Full Name (Last, First, Middle Initial)

GEOFFREY EMBLER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016726

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

3002.30

SUBTOTAL of Disbursements This Page (optional) .....

5847.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2732 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEOFFREY EMBLER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016997

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

3002.31

B.

Full Name (Last, First, Middle Initial)

GEOFFREY EMBLER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017211

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

750.57

C.

Full Name (Last, First, Middle Initial)

THOMAS ERICKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016727

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1665.01

SUBTOTAL of Disbursements This Page (optional) .....

5417.89

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2733 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS ERICKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016998

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1669.50

B.

Full Name (Last, First, Middle Initial)

THOMAS ERICKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017212

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

416.25

C.

Full Name (Last, First, Middle Initial)

ALLAN FLEMING

Mailing Address 320 FIRST STREET SE, 2ND FLOOR

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016956

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

3.90

SUBTOTAL of Disbursements This Page (optional) .....

2089.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2734 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016628

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016728

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2003.05

C.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016999

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

2007.54

SUBTOTAL of Disbursements This Page (optional) .....

4130.59

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2735 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017213

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

500.76

B.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016731

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

3829.23

C.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016824

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

68.00

SUBTOTAL of Disbursements This Page (optional) .....

4397.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2736 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) JESSICA C FURST</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.016887</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.23"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) JESSICA C FURST</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.017000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3833.70"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) JESSICA C FURST</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.017218</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="957.31"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4911.24**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2737 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY GARON

Mailing Address 320 1ST ST

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016888

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

542.40

B.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016730

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2361.46

C.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017001

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

2365.93

SUBTOTAL of Disbursements This Page (optional) .....

5269.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2738 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017214

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

590.37

B.

Full Name (Last, First, Middle Initial)

STEPHANIE GENCO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016732

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1544.90

C.

Full Name (Last, First, Middle Initial)

STEPHANIE GENCO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017002

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1549.38

SUBTOTAL of Disbursements This Page (optional) .....

3684.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2739 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEPHANIE GENCO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017215

Date of Disbursement

/   /

Amount of Each Disbursement this Period

386.23

**B.**

Full Name (Last, First, Middle Initial)

SCOTT GLUCK

Mailing Address 22187 SAM FRED RD

City  
MIDDLEBURG

State  
VA

Zip Code  
20117

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016655

Date of Disbursement

/   /

Amount of Each Disbursement this Period

449.78

**C.**

Full Name (Last, First, Middle Initial)

SCOTT GLUCK

Mailing Address 22187 SAM FRED RD

City  
MIDDLEBURG

State  
VA

Zip Code  
20117

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016863

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8336.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2740 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ASHLEY GODWIN Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.016733 <b>Date of Disbursement</b> <div> <div>10</div> <div>22</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1550.38</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ASHLEY GODWIN Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.017003 <b>Date of Disbursement</b> <div> <div>11</div> <div>05</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1554.86</div>
<b>C.</b> Full Name (Last, First, Middle Initial) ASHLEY GODWIN Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.017216 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>387.60</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3492.84**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2741 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016734

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1536.39

B.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017004

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1540.85

C.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017217

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

384.10

SUBTOTAL of Disbursements This Page (optional) .....

3461.34

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2742 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016735

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

2668.79

**B.**

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

2681.13

**C.**

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017219

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

667.20

SUBTOTAL of Disbursements This Page (optional) .....

6017.12

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2743 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PETER J. HANLON

Mailing Address

45 CALHOUN DR.

City

GREENWICH

State

CT

Zip Code

06831

Purpose of Disbursement

IN-KIND: FOOD, BEVERAGE AND SPACE

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SA11A.13977530A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

1772.66

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL HANSON

Mailing Address

325 7TH ST. NW SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004

Purpose of Disbursement

IN-KIND: FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SA11A.13977527A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address

320 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21-0.016736

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Amount of Each Disbursement this Period

3964.37

SUBTOTAL of Disbursements This Page (optional) .....

5987.03

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2744 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016965

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

308.88

B.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017006

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

3976.72

C.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017220

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

991.09

SUBTOTAL of Disbursements This Page (optional) .....

5276.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2745 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016737

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1360.48

B.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017007

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1364.94

C.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017224

Date of Disbursement

/   /

Amount of Each Disbursement this Period

340.12

**SUBTOTAL** of Disbursements This Page (optional) .....

3065.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2746 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016738

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2916.06

B.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016966

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

2346.79

C.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017008

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

2920.53

SUBTOTAL of Disbursements This Page (optional) .....

8183.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2747 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017225

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

729.02

B.

Full Name (Last, First, Middle Initial)

SOPHIE HUME

Mailing Address 3313 WESSYNTON WAY

City  
ALEXANDRIA

State  
VA

Zip Code  
22309

Purpose of Disbursement  
POLITICAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016890

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016460

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

215.10

SUBTOTAL of Disbursements This Page (optional) .....

1444.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2748 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016739

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1132.59

B.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017009

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1137.05

C.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017222

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

283.15

SUBTOTAL of Disbursements This Page (optional) .....

2552.79

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2749 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JESSICA JAMES	<b>Transaction ID:</b> SB21-0.016740 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>946.77</td> </tr> </table>	946.77																			
946.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JESSICA JAMES	<b>Transaction ID:</b> SB21-0.017010 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>951.24</td> </tr> </table>	951.24																			
951.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JESSICA JAMES	<b>Transaction ID:</b> SB21-0.017223 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>236.69</td> </tr> </table>	236.69																			
236.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2134.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2750 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016742

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1534.00

B.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016827

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

439.00

C.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017011

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1538.47

SUBTOTAL of Disbursements This Page (optional) .....

3511.47

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2751 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017226

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

383.50

B.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016741

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1850.70

C.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017012

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1855.18

SUBTOTAL of Disbursements This Page (optional) .....

4089.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2752 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017227

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

462.68

B.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016743

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1321.34

C.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016967

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

1476.33

SUBTOTAL of Disbursements This Page (optional) .....

3260.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2753 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017013

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1325.81

B.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017228

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

330.34

C.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016750

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1006.20

SUBTOTAL of Disbursements This Page (optional) .....

2662.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2754 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017014

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1010.67

B.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017229

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

251.55

C.

Full Name (Last, First, Middle Initial)

NICHOLAS KARELLAS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016751

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1325.38

**SUBTOTAL** of Disbursements This Page (optional) .....

2587.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2755 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NICHOLAS KARELLAS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016892

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

1289.59

B.

Full Name (Last, First, Middle Initial)

NICHOLAS KARELLAS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017015

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1329.86

C.

Full Name (Last, First, Middle Initial)

NICHOLAS KARELLAS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017230

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

331.35

SUBTOTAL of Disbursements This Page (optional) .....

2950.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2756 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JANICE L KNOPP

Mailing Address 236 KENTUCKY AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016868

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016745

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2898.62

C.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016937

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

964.10

SUBTOTAL of Disbursements This Page (optional) .....

13862.72

TOTAL This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2758 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017017

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1984.37

B.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017232

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

493.01

C.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016748

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2183.82

SUBTOTAL of Disbursements This Page (optional) .....

4661.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2759 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2188.29

B.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017233

Date of Disbursement

/   /

Amount of Each Disbursement this Period

545.95

C.

Full Name (Last, First, Middle Initial)

MR. JEFFREY LISKO

Mailing Address 9116 STEPHENS POINTE

City  
EDEN PRAIRIE

State  
MN

Zip Code  
55347

Purpose of Disbursement  
IN-KIND: FOOD AND DRINKS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SA11A.13977519A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5234.24

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2760 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NELSON LITTERST

Mailing Address

325 7TH ST. NW SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004

Purpose of Disbursement

IN-KIND: FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SA11A.13977528A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

SAMUEL LOEWNER

Mailing Address

320 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21-0.016749

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

525.43

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL LOEWNER

Mailing Address

320 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21-0.017019

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

529.91

SUBTOTAL of Disbursements This Page (optional) .....

1305.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2761 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SAMUEL LOEWNER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017234

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

131.36

B.

Full Name (Last, First, Middle Initial)

AMY LYONS

Mailing Address 10567 BLYTHE AVE

City  
LOS ANGELES

State  
CA

Zip Code  
90064

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016968

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

136.37

C.

Full Name (Last, First, Middle Initial)

PAUL MANDELSON

Mailing Address 58 G ST SW

City  
WASHINGTON

State  
DC

Zip Code  
20024

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016969

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

253.34

SUBTOTAL of Disbursements This Page (optional) .....

521.07

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2762 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016752

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1319.92

B.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017021

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1324.38

C.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017235

Date of Disbursement

/   /

Amount of Each Disbursement this Period

329.98

**SUBTOTAL** of Disbursements This Page (optional) .....

2974.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2763 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016753

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2173.50

B.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017025

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

2185.83

C.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017236

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

543.38

SUBTOTAL of Disbursements This Page (optional) .....

4902.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2764 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) SALLY D MCALLISTER	<b>Transaction ID:</b> SB21-0.016754
	Mailing Address 320 1ST ST SE	Date of Disbursement
	City WASHINGTON State DC Zip Code 20003	<div> <div>MM / DD / YYYY</div> <div>10 / 22 / 2010</div> </div>
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period
	Candidate Name <div>Category/Type</div>	2543.44
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b>	Full Name (Last, First, Middle Initial) SALLY D MCALLISTER	<b>Transaction ID:</b> SB21-0.017027
	Mailing Address 320 1ST ST SE	Date of Disbursement
	City WASHINGTON State DC Zip Code 20003	<div> <div>MM / DD / YYYY</div> <div>11 / 05 / 2010</div> </div>
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period
	Candidate Name <div>Category/Type</div>	2547.91
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b>	Full Name (Last, First, Middle Initial) SALLY D MCALLISTER	<b>Transaction ID:</b> SB21-0.017237
	Mailing Address 320 1ST ST SE	Date of Disbursement
	City WASHINGTON State DC Zip Code 20003	<div> <div>MM / DD / YYYY</div> <div>11 / 19 / 2010</div> </div>
	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period
	Candidate Name <div>Category/Type</div>	635.86
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

5727.21

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2765 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BROCK MCCLEARY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016755

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

2470.91

**B.**

Full Name (Last, First, Middle Initial)

BROCK MCCLEARY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017029

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

2483.25

**C.**

Full Name (Last, First, Middle Initial)

BROCK MCCLEARY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017238

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

617.73

SUBTOTAL of Disbursements This Page (optional) .....

5571.89

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2766 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016756

Date of Disbursement

/   /

Amount of Each Disbursement this Period

685.21

B.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26577.94

C.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

689.68

**SUBTOTAL** of Disbursements This Page (optional) .....

27952.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2767 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017239

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

171.30

B.

Full Name (Last, First, Middle Initial)

CATHERINE K MILLER

Mailing Address 3342 RALEIGH STREET

City  
DENVER

State  
CO

Zip Code  
80212

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017144

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

6000.00

C.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016757

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1127.94

SUBTOTAL of Disbursements This Page (optional) .....

7299.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2768 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017033

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1132.40

B.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017240

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

281.99

C.

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016758

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1059.15

SUBTOTAL of Disbursements This Page (optional) .....

2473.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2769 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GEORGE NASSAR	<b>Transaction ID:</b> SB21-0.016832 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>134.90</td> </tr> </table>	134.90																			
134.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) GEORGE NASSAR	<b>Transaction ID:</b> SB21-0.016971 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>3074.65</td> </tr> </table>	3074.65																			
3074.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) GEORGE NASSAR	<b>Transaction ID:</b> SB21-0.017034 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1063.62</td> </tr> </table>	1063.62																			
1063.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4273.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2770 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017241

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

264.79

B.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016467

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

29.50

C.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016759

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1380.62

SUBTOTAL of Disbursements This Page (optional) .....

1674.91

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2771 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017035

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

1385.09

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017242

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

345.15

**C.**

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016760

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

2888.75

SUBTOTAL of Disbursements This Page (optional) .....

4618.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2772 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017037

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

2645.73

B.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017243

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

660.31

C.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016633

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

42.36

SUBTOTAL of Disbursements This Page (optional) .....

3348.40

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2773 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016761

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1782.47

B.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017039

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1786.95

C.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017244

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

445.62

SUBTOTAL of Disbursements This Page (optional) .....

4015.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2774 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016762

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2082.00

B.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016836

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2278.05

C.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017041

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

2086.46

SUBTOTAL of Disbursements This Page (optional) .....

6446.51

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2775 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LIBRADO PADILLA	<b>Transaction ID:</b> SB21-0.017153 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">1437.82</td> </tr> </table>	1437.82																			
1437.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LIBRADO PADILLA	<b>Transaction ID:</b> SB21-0.017245 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">520.50</td> </tr> </table>	520.50																			
520.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LINDSAY PERKINSON	<b>Transaction ID:</b> SB21-0.016763 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1359.84</td> </tr> </table>	1359.84																			
1359.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3318.16**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2776 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017043

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1364.31

B.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017246

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

339.96

C.

Full Name (Last, First, Middle Initial)

DANA PIERSON

Mailing Address  
25 GRAND MANOR COURT

City  
SUGAR LAND

State  
TX

Zip Code  
77478

Purpose of Disbursement  
IN-KIND: FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SA11A.13977520A

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

3704.27

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2777 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM PLASTER

Mailing Address 14 E BELLEFONTE AVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016867

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

7500.00

B.

Full Name (Last, First, Middle Initial)

BOB POOLE

Mailing Address  
2121 OLD GATESBURG ROAD SUITE 200

City  
STATE COLLEGE

State  
PA

Zip Code  
16803

Purpose of Disbursement  
IN-KIND: FOOD, BEVERAGE AND POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SA11A.13977531A

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1698.02

C.

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016764

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1201.09

SUBTOTAL of Disbursements This Page (optional) .....

10399.11

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2778 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017045

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

1205.55

**B.**

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017247

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

300.27

**C.**

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

2847.15

SUBTOTAL of Disbursements This Page (optional) .....

4352.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2779 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017047

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

2859.49

B.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017248

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

711.79

C.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016768

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

904.65

SUBTOTAL of Disbursements This Page (optional) .....

4475.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2780 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017049

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

909.12

B.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017249

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

226.16

C.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016766

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1424.26

SUBTOTAL of Disbursements This Page (optional) .....

2559.54

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2781 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CELIA RILEY	<b>Transaction ID:</b> SB21-0.017051 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1703.71</td> </tr> </table>	1703.71																			
1703.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CELIA RILEY	<b>Transaction ID:</b> SB21-0.017250 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">352.91</td> </tr> </table>	352.91																			
352.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JESSE H ROMAN	<b>Transaction ID:</b> SB21-0.016767 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">882.44</td> </tr> </table>	882.44																			
882.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2939.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2782 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017053

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

886.91

B.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017251

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

220.61

C.

Full Name (Last, First, Middle Initial)

MARY RUNK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016769

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1010.05

SUBTOTAL of Disbursements This Page (optional) .....

2117.57

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2783 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY RUNK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017055

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1014.51

B.

Full Name (Last, First, Middle Initial)

MARY RUNK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017252

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

252.51

C.

Full Name (Last, First, Middle Initial)

PABLO SANCHEZ

Mailing Address 1032 N DANVILLE ST

City  
ARLINGTON

State  
VA

Zip Code  
22204

Purpose of Disbursement  
PERSONNEL SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016870

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

5167.00

SUBTOTAL of Disbursements This Page (optional) ►

6434.02

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2785 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016771

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1186.36

B.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017059

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1190.82

C.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017254

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

296.59

SUBTOTAL of Disbursements This Page (optional) .....

2673.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2786 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANDREW SERE	<b>Transaction ID:</b> SB21-0.016772 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1930.46</td> </tr> </table>																				1930.46
									1930.46												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ANDREW SERE	<b>Transaction ID:</b> SB21-0.017061 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1934.94</td> </tr> </table>																				1934.94
									1934.94												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ANDREW SERE	<b>Transaction ID:</b> SB21-0.017255 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>482.62</td> </tr> </table>																				482.62
									482.62												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4348.02**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2788 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017063

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

614.09

**B.**

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017256

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

150.44

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016477

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

256.92

SUBTOTAL of Disbursements This Page (optional) .....

1021.45

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2789 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016777

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

3099.55

B.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016958

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

195.72

C.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017065

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

3104.02

SUBTOTAL of Disbursements This Page (optional) .....

6399.29

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2790 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017257

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

844.16

B.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016774

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

4459.13

C.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017067

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

4471.47

SUBTOTAL of Disbursements This Page (optional) .....

9774.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2791 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017154

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

2713.10

B.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017165

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

114.72

C.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017258

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

1114.78

SUBTOTAL of Disbursements This Page (optional) .....

3942.60

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2792 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL SILVIA

Mailing Address

2121 OLD GATESBURG ROAD SUITE 200

City

STATE COLLEGE

State

PA

Zip Code

16803

Purpose of Disbursement

IN-KIND: FOOD, BEVERAGE AND POSTAGE

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SA11A.13977532A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

1698.02

**B.**

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address

320 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21-0.016775

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Amount of Each Disbursement this Period

3456.52

**C.**

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address

320 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21-0.016840

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

141.85

SUBTOTAL of Disbursements This Page (optional) .....

5296.39

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2793 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017069

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

3456.52

**B.**

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017259

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

864.13

**C.**

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016776

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

1050.81

SUBTOTAL of Disbursements This Page (optional) .....

5371.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2794 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017071

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1055.29

B.

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017260

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

262.70

C.

Full Name (Last, First, Middle Initial)

KAYLA SULZER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016779

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

897.42

SUBTOTAL of Disbursements This Page (optional) .....

2215.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2795 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAYLA SULZER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017073

Date of Disbursement

/   /

Amount of Each Disbursement this Period

901.91

B.

Full Name (Last, First, Middle Initial)

KAYLA SULZER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017261

Date of Disbursement

/   /

Amount of Each Disbursement this Period

224.36

C.

Full Name (Last, First, Middle Initial)

JONATHAN THOMPSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016780

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1196.36

SUBTOTAL of Disbursements This Page (optional) .....

2322.63

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2797 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016973

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Amount of Each Disbursement this Period

242.61

**B.**

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017077

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

901.89

**C.**

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017263

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

224.36

SUBTOTAL of Disbursements This Page (optional) .....

1368.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2798 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016483

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2113.85

B.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016784

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

4421.88

C.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016960

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

3907.85

SUBTOTAL of Disbursements This Page (optional) .....

10443.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2799 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017085

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

4434.22

B.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017118

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

343.98

C.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017267

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

1105.47

SUBTOTAL of Disbursements This Page (optional) .....

5883.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2800 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016674

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

117.00

B.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016786

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1706.53

C.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017086

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

1711.00

SUBTOTAL of Disbursements This Page (optional) .....

3534.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2801 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017268

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

426.63

B.

Full Name (Last, First, Middle Initial)

JEREMIAH WAGNER

Mailing Address 101 MCMILLEN AVENUE

City  
COLUMBUS

State  
OH

Zip Code  
43201

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016844

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

187.55

C.

Full Name (Last, First, Middle Initial)

GREG WALDEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017160

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

309.92

SUBTOTAL of Disbursements This Page (optional) .....

924.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2802 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016785

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

3972.05

B.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017087

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

3976.52

C.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017161

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

945.69

SUBTOTAL of Disbursements This Page (optional) .....

8894.26

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2803 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017269

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

993.01

**B.**

Full Name (Last, First, Middle Initial)

CAITLIN WOHLFARTH

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016788

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

1228.63

**C.**

Full Name (Last, First, Middle Initial)

CAITLIN WOHLFARTH

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017088

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

1233.10

SUBTOTAL of Disbursements This Page (optional) .....

3454.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2804 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAITLIN WOHLFARTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017270

Date of Disbursement

/   /

Amount of Each Disbursement this Period

307.16

B.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016787

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1373.49

C.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017089

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1377.96

**SUBTOTAL** of Disbursements This Page (optional) .....

3058.61

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2805 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017271

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

343.38

B.

Full Name (Last, First, Middle Initial)

ETHAN A ZORFAS

Mailing Address 59 ST. PAUL STREET, UNIT 3

City  
BROOKLINE

State  
MA

Zip Code  
02446

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016484

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2795.34

C.

Full Name (Last, First, Middle Initial)

ALTEC PRODUCTS INC

Mailing Address 23422 MILL CREEK DR  
STE 225

City  
LAGUNA HILLS

State  
CA

Zip Code  
92653

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016486

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

82.49

SUBTOTAL of Disbursements This Page (optional) .....

3221.21

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2806 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICA DIRECT INC</p> <hr/> <p>Mailing Address 1272 CORPORATE PARK DRIVE 2ND FL</p> <hr/> <p>City FOREST State VA Zip Code 24551</p> <hr/> <p>Purpose of Disbursement POSTAGE</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.016446</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1163.88</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0	1163.88
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	4		2	0	1	0													
1163.88																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICA DIRECT INC</p> <hr/> <p>Mailing Address 1272 CORPORATE PARK DRIVE 2ND FL</p> <hr/> <p>City FOREST State VA Zip Code 24551</p> <hr/> <p>Purpose of Disbursement PRINTING</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.016929</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>3425.22</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	1	0	3425.22
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	9		2	0	1	0													
3425.22																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICA DIRECT INC</p> <hr/> <p>Mailing Address 1272 CORPORATE PARK DRIVE 2ND FL</p> <hr/> <p>City FOREST State VA Zip Code 24551</p> <hr/> <p>Purpose of Disbursement PRINTING</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.017097</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>30705.56</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	1	0	30705.56
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	8		2	0	1	0													
30705.56																						

**SUBTOTAL** of Disbursements This Page (optional) .....

35294.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2807 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016910

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

93960.08

B.

Full Name (Last, First, Middle Initial)

37 SIGNALS DOT COM

Mailing Address 400 N MAY ST  
#301

City  
CHICAGO

State  
IL

Zip Code  
60622

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019961

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

24.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

ACCESS AMERICA

Mailing Address PO BOX 71533

City  
RICHMOND

State  
VA

Zip Code  
23286

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020100

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

18.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

93960.08

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2809 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	<b>Transaction ID:</b> SB21-0.019977 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 620081	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City DALLAS State TX Zip Code 75262	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>2</td><td>7</td><td>4</td><td>.</td><td>7</td><td>0</td> </tr> </table>	2	7	4	.	7	0														
2	7	4	.	7	0																
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	<b>Transaction ID:</b> SB21-0.019979 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 620081	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City DALLAS State TX Zip Code 75262	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>8</td><td>3</td><td>9</td><td>.</td><td>4</td><td>0</td> </tr> </table>	8	3	9	.	4	0														
8	3	9	.	4	0																
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	<b>Transaction ID:</b> SB21-0.019981 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 620081	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City DALLAS State TX Zip Code 75262	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>7</td><td>4</td><td>3</td><td>.</td><td>4</td><td>0</td> </tr> </table>	7	4	3	.	4	0														
7	4	3	.	4	0																
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2810 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019983

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

185.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019985

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

751.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019987

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

491.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2811 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019969

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

680.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019971

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019973

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2812 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ARNOLD ENGRAVERS

Mailing Address 1625 K ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019990

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 1 4 / 2 0 1 0

Amount of Each Disbursement this Period

26.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AT&T MOBILITY

Mailing Address PO BOX 6463

City  
CAROL STREAM

State  
IL

Zip Code  
60197-6463

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019992

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 1 4 / 2 0 1 0

Amount of Each Disbursement this Period

1256.46

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

B SMITHS RESTAURANT

Mailing Address 1120 AVE OF THE AMERICAS

City  
NEW YORK

State  
NY

Zip Code  
10036

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019996

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 1 4 / 2 0 1 0

Amount of Each Disbursement this Period

4285.02

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2813 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BOSTON COACH COMPANY

Mailing Address 70 FARGO ST  
8TH FLOOR

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020005

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

366.24

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

CARMINES DC

Mailing Address 425 7TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020011

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

750.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

CHEAPTICKETS.COM

Mailing Address 200 S WACKER DR  
UNIT 1900

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020029

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

6.99

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2814 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES

Mailing Address PO BOX 4658

City  
HOUSTONState  
TXZip Code  
77210-4658Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020138

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

563.20

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES

Mailing Address PO BOX 4658

City  
HOUSTONState  
TXZip Code  
77210-4658Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020140

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

563.20

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

CROWN PLAZA HOTELS

Mailing Address PO BOX 30321

City  
SALT LAKE CITYState  
UTZip Code  
84130Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020038

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

160.44

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2815 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CROWN PLAZA HOTELS

Mailing Address PO BOX 30321

City  
SALT LAKE CITY

State  
UT

Zip Code  
84130

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020040

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

160.44

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020124

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

464.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020126

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

382.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2816 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES INC	<b>Transaction ID:</b> SB21-0.020128 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 20706	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>474.30</td> </tr> </table>	474.30																			
474.30																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES INC	<b>Transaction ID:</b> SB21-0.020130 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 20706	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>952.40</td> </tr> </table>	952.40																			
952.40																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES INC	<b>Transaction ID:</b> SB21-0.020132 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 20706	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>952.40</td> </tr> </table>	952.40																			
952.40																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2817 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020134

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1224.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020136

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1421.30

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

EAGLE PROMOTIONS

Mailing Address 4575 W POST RD  
STE 100

City  
LAS VEGAS

State  
NV

Zip Code  
89118

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020044

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

961.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2818 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD MARC

Mailing Address 1705 EAST CARSON STREET

City  
PITTSBURGH

State  
PA

Zip Code  
15203

Purpose of Disbursement  
FOOD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020048

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

27.06

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City  
PALO ALTO

State  
CA

Zip Code  
94304

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020046

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

302.69

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

FAIRFIELD INN

Mailing Address 10400 FERNWOOD ROAD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020052

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

124.26

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2820 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) GOOGLE INC</p> <p>Mailing Address 1101 NEW YORK AVE NW SECOND FLOOR</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.020059</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>8691.97</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) HASLER FINANCIAL SERVICES</p> <p>Mailing Address PO BOX 45850</p> <p>City SAN FRANCISCO State CA Zip Code 94145</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.020063</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>192.83</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) HOTEL SOLAMAR</p> <p>Mailing Address 435 6TH AVENUE</p> <p>City SAN DIEGO State CA Zip Code 92101</p> <p>Purpose of Disbursement FACILITY RENTAL/CATERING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.020065</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>3126.68</div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2821 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HYATT HOTELS

Mailing Address 71 S WACKER DR  
16TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020068

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

203.02

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

LEXIS-NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170-7090

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020070

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

16219.05

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

LOVELESS CAFE

Mailing Address 8400 TENNESSEE 100

City NASHVILLE State TN Zip Code 37221

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020072

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

3366.86

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2822 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City  
BETHESDA

State  
MD

Zip Code  
20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020074

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

220.75

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MCCORMICK AND SCHMICK

Mailing Address 1414 NW NORTHUP ST  
STE 700

City  
PORTLAND

State  
OR

Zip Code  
97209

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020076

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1219.81

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

NATIONAL BUILDING MUSEUM

Mailing Address 401 F STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020078

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2823 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORBITZ DOT COM

Mailing Address 500 W MADISON

City  
CHICAGO

State  
IL

Zip Code  
60661

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020080

Date of Disbursement

/   /

Amount of Each Disbursement this Period

538.23

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

PALMERS DELI AND MARKET

Mailing Address 4949 WESTOWN PKWY  
UNIT 180

City  
WEST DES MOINES

State  
IA

Zip Code  
50266

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020082

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1172.36

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

PANERA BREAD CO

Mailing Address 3630 S GEYER RD

City  
ST LOUIS

State  
MO

Zip Code  
63127

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020084

Date of Disbursement

/   /

Amount of Each Disbursement this Period

369.17

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2824 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAYPAL INC

Mailing Address 2211 N 1ST ST

City  
SAN JOSEState  
CAZip Code  
95131Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020086

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

59.95

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

PLAQUE MAKER DOT COM

Mailing Address 289 BUSINESS PARK DR

City  
FORTVILLEState  
INZip Code  
46040Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020088

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

784.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

PREMIERE GLOBAL SERVICES

Mailing Address 3280 PEACHTREE RD NW  
STE 1000City  
ATLANTAState  
GAZip Code  
30305Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020090

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

3007.68

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2825 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN	<b>Transaction ID:</b> SB21-0.020092 <b>Date of Disbursement</b>																				
Mailing Address 8725 W SAHARA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City LAS VEGAS State NV Zip Code 89163	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>42.36</td> </tr> </table>	42.36																			
42.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) THE GREENBRIER	<b>Transaction ID:</b> SB21-0.020061 <b>Date of Disbursement</b>																				
Mailing Address 300 W MAIN ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City WHITE SULFUR State WV Zip Code 24986	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>93.50</td> </tr> </table>	93.50																			
93.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) THE MUSIC BAKERY	<b>Transaction ID:</b> SB21-0.020094 <b>Date of Disbursement</b>																				
Mailing Address 7522 CAMPBELL RD STE 113	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City DALLAS State TX Zip Code 75248	Amount of Each Disbursement this Period																				
Purpose of Disbursement AUDIO/VISUAL SVC	<table border="1"> <tr> <td>34.00</td> </tr> </table>	34.00																			
34.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2826 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TONYS RESTAURANT

Mailing Address 3755 RICHMOND AVE

City  
HOUSTONState  
TXZip Code  
77046Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020096

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

4650.63

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

TORTILLA COAST

Mailing Address 400 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020098

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

72.92

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

UNITED AIRLINES INC

Mailing Address 77 W WACKER DR

City  
CHICAGOState  
ILZip Code  
60601Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020102

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

2316.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2827 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-0001

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020104

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1168.27

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 2345 CRYSTAL DR

City  
ARLINGTON

State  
VA

Zip Code  
22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020106

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

449.90

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTON

State  
DC

Zip Code  
20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020108

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2828 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTON

State  
DC

Zip Code  
20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020110

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

142.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020114

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

60.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020116

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

3041.07

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2829 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address PO BOX 371392

City  
PITTSBURGHState  
PAZip Code  
15250-7392Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020112

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

4300.34

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 17464

City  
BALTIMOREState  
MDZip Code  
21297-1464Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020118

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

8227.86

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

WASHINGTON METRO AREA TRANSIT AUTHORITY

Mailing Address 600 5TH ST NW

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020122

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

3505.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2830 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHOLE FOODS MARKET

Mailing Address 550 BOWIE ST

City  
AUSTINState  
TXZip Code  
78703Purpose of Disbursement  
CATERING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020120

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

404.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARKState  
NJZip Code  
07101-1270Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017278

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

128213.81

C.

Full Name (Last, First, Middle Initial)

123RF.COM

Mailing Address 2650 FOUNTAIN VIEW DR

City  
HOUSTONState  
TXZip Code  
77057Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020369

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

89.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

128213.81

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2832 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020375

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

222.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020377

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

1254.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020379

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

198.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2833 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020381

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

341.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020383

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

446.69

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020385

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

341.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2834 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLASState  
TXZip Code  
75262Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020585

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

436.69

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020387

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

43.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020389

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

203.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2837 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES

Mailing Address PO BOX 4658

City  
HOUSTON

State  
TX

Zip Code  
77210-4658

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020401

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

217.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES

Mailing Address PO BOX 4658

City  
HOUSTON

State  
TX

Zip Code  
77210-4658

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020403

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

217.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020407

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

334.90

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2838 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020409

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

298.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020411

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

685.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020413

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

298.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2839 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020415

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

481.70

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020417

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

481.70

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020419

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

481.70

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2840 / 3187

<input checked="checked" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020421

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

586.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

586.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020425

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

586.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2841 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020427

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

421.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020429

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

421.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City  
PALO ALTO

State  
CA

Zip Code  
94304

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020431

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2842 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020433

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020435

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020437

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2843 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020439

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020441

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

29.58

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2844 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020445

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020447

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020587

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2845 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FAIRMONT HOTELS

Mailing Address 950 MASON ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94108

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020533

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

368.94

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

FAIRMONT HOTELS

Mailing Address 950 MASON ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94108

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020535

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

396.98

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

FAIRMONT HOTELS

Mailing Address 950 MASON ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94108

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020537

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

368.94

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2846 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250-7461

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020449

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

27.43

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250-7461

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020451

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

69.01

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FIREHOOK BAKERY

Mailing Address 215 PENNSYLVANIA AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020453

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

44.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2847 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FIRST CLASS LIMOUSINE

Mailing Address 187 RT 9 SOUTH

City  
ENGLISHTOWNState  
NJZip Code  
07726Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020455

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

286.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FLOWERS BY PHILLIP NY

Mailing Address 1141 MADISON AVE

City  
NEW YORKState  
NYZip Code  
10028Purpose of Disbursement  
FLORAL EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020457

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

193.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FRONTIER AIRLINES

Mailing Address 8909 PURDUE RD, STE 300

City  
INDIANAPOLISState  
INZip Code  
46268Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020459

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

128.90

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2848 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRONTIER AIRLINES

Mailing Address 8909 PURDUE RD, STE 300

City INDIANAPOLIS State IN Zip Code 46268

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020461

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

331.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FRONTIER AIRLINES

Mailing Address 8909 PURDUE RD, STE 300

City INDIANAPOLIS State IN Zip Code 46268

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020463

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

334.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FRONTIER AIRLINES

Mailing Address 8909 PURDUE RD, STE 300

City INDIANAPOLIS State IN Zip Code 46268

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020465

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

334.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2849 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) FRONTIER AIRLINES	Transaction ID: SB21-0.020467 Date of Disbursement MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 8909 PURDUE RD, STE 300	
	City INDIANAPOLIS State IN Zip Code 46268	Amount of Each Disbursement this Period 389.80
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) FRONTIER AIRLINES	Transaction ID: SB21-0.020469 Date of Disbursement MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 8909 PURDUE RD, STE 300	
	City INDIANAPOLIS State IN Zip Code 46268	Amount of Each Disbursement this Period 440.80
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) FRONTIER AIRLINES	Transaction ID: SB21-0.020471 Date of Disbursement MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 8909 PURDUE RD, STE 300	
	City INDIANAPOLIS State IN Zip Code 46268	Amount of Each Disbursement this Period 440.80
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
	<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
	<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2850 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRONTIER AIRLINES

Mailing Address 8909 PURDUE RD, STE 300

City INDIANAPOLIS State IN Zip Code 46268

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020473

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

440.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FRONTIER AIRLINES

Mailing Address 8909 PURDUE RD, STE 300

City INDIANAPOLIS State IN Zip Code 46268

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020475

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

440.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

GOOGLE INC

Mailing Address 1101 NEW YORK AVE NW  
SECOND FLOOR

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

8125.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2851 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GROW WITH US FLORIST

Mailing Address 106 METAIRIE HEIGHTS AVE

City  
METAIRIEState  
LAZip Code  
70001Purpose of Disbursement  
FLORAL EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020481

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

76.13

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

HASLER FINANCIAL SERVICES

Mailing Address PO BOX 45850

City  
SAN FRANCISCOState  
CAZip Code  
94145Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

192.83

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

HILTON GARDEN INN

Mailing Address 755 CROSSOVER LN

City  
MEMPHISState  
TNZip Code  
38117Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020485

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

157.79

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2852 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HILTON GARDEN INN

Mailing Address 755 CROSSOVER LN

City  
MEMPHISState  
TNZip Code  
38117Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020487

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

157.79

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

HILTON GARDEN INN

Mailing Address 755 CROSSOVER LN

City  
MEMPHISState  
TNZip Code  
38117Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020489

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

121.54

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

HILTON GARDEN INN

Mailing Address 755 CROSSOVER LN

City  
MEMPHISState  
TNZip Code  
38117Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020491

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

438.44

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2853 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HILTON HOTELS CORP

Mailing Address 7930 JONES BRANCH DR, STE 1100

City State Zip Code  
MCLEAN VA 22102Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020493

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

201.82

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

HOLIDAY INN HOTELS

Mailing Address 3 RAVINIA DR  
STE 100City State Zip Code  
ATLANTA GA 30346-2149Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020575

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

294.12

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

INTER MARKETS INC

Mailing Address 344 MAPLE AVE WEST  
STE 318City State Zip Code  
VIENNA VA 22180Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020495

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2854 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JETBLUE AIRWAYS

Mailing Address 11829 QUEENS BLVD

City FLUSHING State NY Zip Code 11375

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020497

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

714.70

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

JUBANS RESTAURANT

Mailing Address 3739 PERKINS RD

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020499

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

928.70

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

LEXIS-NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170-7090

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020501

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

16219.06

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2855 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LOEWS HOTELS

Mailing Address 667 MADISON AVE

City State Zip Code  
NEW YORK NY 10065Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020503

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

2394.45

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MAIL CHIMP

Mailing Address 512 MEANS ST  
STE 404City State Zip Code  
ATLANTA GA 30318Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020505

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MANDARIN ORIENTAL HOTELS

Mailing Address 1330 MARYLAND AVE SW

City State Zip Code  
WASHINGTON DC 20024Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020507

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

4950.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2856 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MARRIOTT GROUP</b>		<b>Transaction ID:</b> SB21-0.020405 <b>Date of Disbursement</b> MM / DD / YYYY 11 / 03 / 2010		
	Mailing Address 211 NORTH UNION ST SUITE 220		Amount of Each Disbursement this Period <div>124.26</div> <b>[MEMO ITEM]</b>		
	City <b>ALEXANDRIA</b>	State <b>VA</b>			Zip Code <b>22314</b>
	Purpose of Disbursement <b>TRAVEL</b>				
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		Category/Type			
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>OCEAN AVENUE SEAFOOD</b>		<b>Transaction ID:</b> SB21-0.020509 <b>Date of Disbursement</b> MM / DD / YYYY 11 / 03 / 2010		
	Mailing Address 1401 OCEAN AVE		Amount of Each Disbursement this Period <div>452.26</div> <b>[MEMO ITEM]</b>		
	City <b>SANTA MONICA</b>	State <b>CA</b>			Zip Code <b>90401</b>
	Purpose of Disbursement <b>CATERING</b>				
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		Category/Type			
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>OMEGA WORLD TRAVEL</b>		<b>Transaction ID:</b> SB21-0.020539 <b>Date of Disbursement</b> MM / DD / YYYY 11 / 03 / 2010		
	Mailing Address 115 BROADWAY STE 1506		Amount of Each Disbursement this Period <div>160.00</div> <b>[MEMO ITEM]</b>		
	City <b>NEW YORK</b>	State <b>NY</b>			Zip Code <b>10006</b>
	Purpose of Disbursement <b>TRAVEL</b>				
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		Category/Type			

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2857 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PACER

Mailing Address PO BOX 70951

City  
CHARLOTTE

State  
NC

Zip Code  
28272

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020511

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

114.96

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

PAYPAL INC

Mailing Address 2211 N 1ST ST

City  
SAN JOSE

State  
CA

Zip Code  
95131

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020513

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

59.95

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

PERFORMABLE INC

Mailing Address 21 WATER ST  
STE 305

City  
AMESBURY

State  
MA

Zip Code  
01913

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020515

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

299.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2858 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PREMIERE GLOBAL SERVICES

Mailing Address 3280 PEACHTREE RD NW  
STE 1000

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

4196.34

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

RASMUSSEN REPORTS

Mailing Address 625 COOKMAN AVE  
STE 2

City ASBURY PARK State NJ Zip Code 07712

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020519

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

19.95

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020523

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

325.40

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2859 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address 2702 LOVE FIELD DRIVE</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.020525</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>03</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>515.10</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN</p> <p>Mailing Address 8725 W SAHARA</p> <p>City LAS VEGAS State NV Zip Code 89163</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.020527</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>03</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>84.74</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN</p> <p>Mailing Address 8725 W SAHARA</p> <p>City LAS VEGAS State NV Zip Code 89163</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.020529</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>03</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>52.79</div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2860 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address 8725 W SAHARA

City LAS VEGAS State NV Zip Code 89163

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020531

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

58.29

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

THE RITZ CARLTON HOTEL CO

Mailing Address 4445 WILLARD AVE  
STE 800

City CHEVY CHASE State MD Zip Code 20815

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020521

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

THE W HOTEL WASHINGTON DC

Mailing Address 515 15TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020571

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

595.88

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2861 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TORTILLA COAST

Mailing Address 400 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020577

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

33.44

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

TORTILLA COAST

Mailing Address 400 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020579

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

136.50

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

UNITED AIRLINES INC

Mailing Address 77 W WACKER DR

City  
CHICAGO

State  
IL

Zip Code  
60601

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020541

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

1153.10

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2862 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) UNITED AIRLINES INC	Transaction ID: SB21-0.020543 Date of Disbursement 11 / 03 / 2010
	Mailing Address 77 W WACKER DR	
	City CHICAGO State IL Zip Code 60601	Amount of Each Disbursement this Period 334.40
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) UNITED AIRLINES INC	Transaction ID: SB21-0.020545 Date of Disbursement 11 / 03 / 2010
	Mailing Address 77 W WACKER DR	
	City CHICAGO State IL Zip Code 60601	Amount of Each Disbursement this Period 49.70
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21-0.020547 Date of Disbursement 11 / 03 / 2010
	Mailing Address PO BOX 7247-0244	
	City PHILADELPHIA State PA Zip Code 19170-0001	Amount of Each Disbursement this Period 9496.65
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2863 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 2345 CRYSTAL DR

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020551

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

420.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 2345 CRYSTAL DR

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020553

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

510.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 2345 CRYSTAL DR

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020555

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

439.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ►

0.00

TOTAL This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2864 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 2345 CRYSTAL DR

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020557

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

323.90

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 2345 CRYSTAL DR

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020559

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

273.90

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 2345 CRYSTAL DR

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020581

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

731.80

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2865 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**US AIRWAYS**

Mailing Address **2345 CRYSTAL DR**

City **ARLINGTON** State **VA** Zip Code **22227**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.020583**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**25.00**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

**US POSTMASTER**

Mailing Address **900 BRENTWOOD ROAD NE**

City **WASHINGTON** State **DC** Zip Code **20018-1004**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.020561**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**26.40**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**VERIZON**

Mailing Address **PO BOX 660720**

City **DALLAS** State **TX** Zip Code **75266-0720**

Purpose of Disbursement  
**PHONE SVC**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.020565**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**60.68**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2866 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020567

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

3256.61

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address PO BOX 371392

City  
PITTSBURGH

State  
PA

Zip Code  
15250-7392

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020563

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

4279.24

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 25505

City  
LEHIGH VALLEY

State  
PA

Zip Code  
18002-5505

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020569

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

7969.64

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2867 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
**WASHINGTON METRO AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020573

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3098.50

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN EXPRESS MERCHANT ACCOUNT**

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017288

Date of Disbursement

/   /

Amount of Each Disbursement this Period

639.54

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN EXPRESS MERCHANT ACCOUNT**

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017292

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3065.72

**SUBTOTAL** of Disbursements This Page (optional) .....

3705.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2868 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City  
EL PASO

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017299

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

20828.44

B.

Full Name (Last, First, Middle Initial)

AMERICAN VIEWPOINT INC

Mailing Address 300 N LEE ST  
STE 400

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016487

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

AMERICAN VIEWPOINT INC

Mailing Address 300 N LEE ST  
STE 400

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016624

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

4075.00

SUBTOTAL of Disbursements This Page (optional) .....

29903.44

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2869 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN VIEWPOINT INC

Mailing Address 300 N LEE ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016820

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

9075.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN VIEWPOINT INC

Mailing Address 300 N LEE ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016877

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

49075.00

C.

Full Name (Last, First, Middle Initial)

AMERICOPY

Mailing Address 856 E MAIN STREET

City MESA State AZ Zip Code 85203

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016447

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1198.29

SUBTOTAL of Disbursements This Page (optional) .....

59348.29

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2870 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANTHEM MEDIA INC

Mailing Address 5524 BEE CAVES RD  
STE B5

City Austin State TX Zip Code 78746

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016878

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Amount of Each Disbursement this Period

8000.00

B.

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016485

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Amount of Each Disbursement this Period

396.65

C.

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016623

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Amount of Each Disbursement this Period

270.13

SUBTOTAL of Disbursements This Page (optional) .....

8666.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2871 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A. AUTOMATIC DATA PROCESSING**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City  
LOUISVILLE

State  
KY

Zip Code  
40290-1006

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016819

Date of Disbursement

/   /

Amount of Each Disbursement this Period

399.58

**B. AUTOMATIC DATA PROCESSING**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City  
LOUISVILLE

State  
KY

Zip Code  
40290-1006

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017131

Date of Disbursement

/   /

Amount of Each Disbursement this Period

412.92

**C. AVIS RENT A CAR SYSTEM INC**

Full Name (Last, First, Middle Initial)

AVIS RENT A CAR SYSTEM INC

Mailing Address 7876 COLLECTIONS CENTER DR

City  
CHICAGO

State  
IL

Zip Code  
60693

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016488

Date of Disbursement

/   /

Amount of Each Disbursement this Period

309.92

**SUBTOTAL** of Disbursements This Page (optional) .....

1122.42

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2872 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AVIS RENT A CAR SYSTEM INC

Mailing Address 7876 COLLECTIONS CENTER DR

City  
CHICAGOState  
ILZip Code  
60693Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017132

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

254.67

**B.**

Full Name (Last, First, Middle Initial)

AVITECTURE INC

Mailing Address 1 EXPORT DR

City  
STERLINGState  
VAZip Code  
20164-4421Purpose of Disbursement  
EQUIPMENT MAINTENANCE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016821

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Amount of Each Disbursement this Period

678.40

**C.**

Full Name (Last, First, Middle Initial)

AYRES MCHENRY AND ASSOCIATES

Mailing Address 112 N ALFRED ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016879

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Amount of Each Disbursement this Period

30000.00

SUBTOTAL of Disbursements This Page (optional) .....

30933.07

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2873 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
BARRY ZEPLOWITZ AND ASSOCIATES

Mailing Address 901 KING STREET, S400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016489

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

7000.00

**B.** Full Name (Last, First, Middle Initial)  
BARRY ZEPLOWITZ AND ASSOCIATES

Mailing Address 901 KING STREET, S400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016822

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
BASELICE AND ASSOCIATES INCMailing Address 4131 SPICEWOOD SPRINGS RD  
STE O-2

City AUSTIN State TX Zip Code 78759

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016880

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Amount of Each Disbursement this Period

11500.00

SUBTOTAL of Disbursements This Page (optional) .....

20500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2874 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BLM STRATEGIES, LLC

Mailing Address 7707 WISCONSIN AVENUE, # 530

City  
BETHESDA

State  
MD

Zip Code  
20814

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

BLUE SWARM

Mailing Address 70 BROADWAY STREET

City  
WESTFORD

State  
MA

Zip Code  
01886

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9251.66

**C.**

Full Name (Last, First, Middle Initial)

BLUE SWARM

Mailing Address 70 BROADWAY STREET

City  
WESTFORD

State  
MA

Zip Code  
01886

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12339.47

**SUBTOTAL** of Disbursements This Page (optional) .....

26591.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2875 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BURCH MUNFORD DIRECT

Mailing Address 901 N WASHINGTON ST, STE 300

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016448

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2246.42

B.

Full Name (Last, First, Middle Initial)

BURCH MUNFORD DIRECT

Mailing Address 901 N WASHINGTON ST, STE 300

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016945

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

159.00

C.

Full Name (Last, First, Middle Initial)

CALL ASSISTANT

Mailing Address PO BOX 26864

City  
SALT LAKE CITY

State  
UT

Zip Code  
84126

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017099

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

12198.00

**SUBTOTAL** of Disbursements This Page (optional) .....

14603.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2876 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CALVERT-JONES COMPANY

Mailing Address 5703 EDSALL RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22304

Purpose of Disbursement  
MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016490

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016449

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

4234.88

C.

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
CATERING/FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016491

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

35347.48

SUBTOTAL of Disbursements This Page (optional) .....

42582.36

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2877 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> SB21-0.016648 <b>Date of Disbursement</b>																				
Mailing Address 300 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CATERING	<table border="1"> <tr> <td>3</td><td>1</td><td>1</td><td>2</td><td>.</td><td>3</td><td>7</td> </tr> </table>	3	1	1	2	.	3	7													
3	1	1	2	.	3	7															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> SB21-0.016946 <b>Date of Disbursement</b>																				
Mailing Address 300 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CATERING	<table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	.	0	0													
2	5	0	0	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> SB21-0.017100 <b>Date of Disbursement</b>																				
Mailing Address 300 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	1	0												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FOOD/BEVERAGE	<table border="1"> <tr> <td>1</td><td>7</td><td>1</td><td>.</td><td>0</td><td>2</td> </tr> </table>	1	7	1	.	0	2														
1	7	1	.	0	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5783.39**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2878 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
CATERING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017133

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

1225.99

**B.**

Full Name (Last, First, Middle Initial)

CAPITOL STRATEGY GROUP

Mailing Address 2814 SPRING ROAD, STE 210

City  
ATLANTAState  
GAZip Code  
30339Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016450

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

11843.39

**C.**

Full Name (Last, First, Middle Initial)

CAREFREE OFFICE TECHNOLOGY INC

Mailing Address 10400 EATON PL  
STE 105City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016626

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

336.31

SUBTOTAL of Disbursements This Page (optional) .....

13405.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2879 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CLADDAGH ASSOCIATES

Mailing Address 6619 132ND AVE NE, PMB 187

City  
KIRKLAND

State  
WA

Zip Code  
98033-8627

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016694

Date of Disbursement

10 / 23 / 2010

Amount of Each Disbursement this Period

2715.00

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016451

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

14387.16

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016650

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional) .....

18402.16

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2880 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016949

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Amount of Each Disbursement this Period

30112.79

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017101

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

6980.97

C.

Full Name (Last, First, Middle Initial)

COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City  
BOSTONState  
VAZip Code  
22713Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017102

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

54000.00

SUBTOTAL of Disbursements This Page (optional) .....

91093.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2881 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016791

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

441.08

B.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017092

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

441.08

C.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017274

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

110.27

SUBTOTAL of Disbursements This Page (optional) .....

992.43

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2882 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
CONFERENCE AMERICA INC

Mailing Address PO BOX 241188

City MONTGOMERY State AL Zip Code 36124-1188

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016492

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

2941.60

**B.**Full Name (Last, First, Middle Initial)  
CONFERENCE AMERICA INC

Mailing Address PO BOX 241188

City MONTGOMERY State AL Zip Code 36124-1188

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017135

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

2711.79

**C.**Full Name (Last, First, Middle Initial)  
CONRAD DIRECT INC

Mailing Address 300 KNICKERBOCKER RD

City CRESSKILL State NJ Zip Code 07626

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016651

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

1520.28

SUBTOTAL of Disbursements This Page (optional) .....

7173.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2883 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**CONRAD DIRECT INC**

Mailing Address **300 KNICKERBOCKER RD**

City **CRESSKILL** State **NJ** Zip Code **07626**

Purpose of Disbursement  
**DATA PROCESSING SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016951  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**1284.06**

**B.**

Full Name (Last, First, Middle Initial)  
**COVINGTON AND BURLING**

Mailing Address **1201 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20004-2401**

Purpose of Disbursement  
**LEGAL CONSULTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016493  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**284.00**

**C.**

Full Name (Last, First, Middle Initial)  
**DATALAB USA LLC**

Mailing Address **20261 GOLDENROD LN**

City **GERMANTOWN** State **MD** Zip Code **20876**

Purpose of Disbursement  
**DATA PROCESSING SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016452  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**11300.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**12868.06**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2884 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City State Zip Code  
GERMANTOWN MD 20876Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016652

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

23000.00

B.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City State Zip Code  
GERMANTOWN MD 20876Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016953

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Amount of Each Disbursement this Period

23000.00

C.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City State Zip Code  
GERMANTOWN MD 20876Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

5500.00

SUBTOTAL of Disbursements This Page (optional) .....

51500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2885 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DC RENTAL

Mailing Address 3826 SOUTH FOUR MILE RUN DRIVE

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016955

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

280.00

**B.**

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City  
WASHINGTON

State  
DC

Zip Code  
20090-6384

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016494

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

3181.20

**C.**

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016789

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

6390.63

**SUBTOTAL** of Disbursements This Page (optional) .....

9851.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2886 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016790

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

58.85

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017090

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

6538.94

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017091

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

114.23

SUBTOTAL of Disbursements This Page (optional) .....

6712.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2887 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City  
WASHINGTON

State  
DC

Zip Code  
20090-6384

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017137

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

1715.18

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017272

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

1613.70

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017273

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

24.75

SUBTOTAL of Disbursements This Page (optional) .....

3353.63

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2888 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DEVANNEY GROUP LLC

Mailing Address P.O. BOX 7553

City  
PITTSBURGH

State  
PA

Zip Code  
15213

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016933

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DMM MEDIA LLC

Mailing Address 3299 K ST NW  
SUITE 200

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016884

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

19289.00

C.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PKWY, STE 300

City  
ATLANTA

State  
GA

Zip Code  
30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017283

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

45.00

SUBTOTAL of Disbursements This Page (optional) .....

19584.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2889 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PKWY, STE 300

City  
ATLANTA

State  
GA

Zip Code  
30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017284

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

74.99

B.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PKWY, STE 300

City  
ATLANTA

State  
GA

Zip Code  
30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017287

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

4004.40

C.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PKWY, STE 300

City  
ATLANTA

State  
GA

Zip Code  
30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017291

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

7059.15

SUBTOTAL of Disbursements This Page (optional) .....

11138.54

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2890 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELAVON

**Transaction ID:** SB21-0.017293

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Mailing Address ONE CONCOURSE PKWY, STE 300

Amount of Each Disbursement this Period

6	4	.	5	6
---	---	---	---	---

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

ELAVON

**Transaction ID:** SB21-0.017298

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Mailing Address ONE CONCOURSE PKWY, STE 300

Amount of Each Disbursement this Period

2	1	8	7	9	.	7	9
---	---	---	---	---	---	---	---

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

EMOTIVE

**Transaction ID:** SB21-0.016453

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Mailing Address 2800 SHIRLINGTON RD  
STE 901

Amount of Each Disbursement this Period

3	7	5	3	.	2	8
---	---	---	---	---	---	---

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

25697.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2891 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EMOTIVE

Mailing Address 2800 SHIRLINGTON RD  
STE 901

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016653

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

EMOTIVE

Mailing Address 2800 SHIRLINGTON RD  
STE 901

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017105

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

ENCK'S CUSTOM CATERING

Mailing Address 244 GRANITE RUN DRIVE

City LANCASTER State PA Zip Code 17601

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016454

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2460.04

SUBTOTAL of Disbursements This Page (optional) .....

8460.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2892 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ENGAGE LLC

Mailing Address 707 8TH ST SE  
SUITE 200

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016495

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

EPIPHANY PRODUCTIONS INC

Mailing Address 104 E HUME AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016455

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

700.00

C.

Full Name (Last, First, Middle Initial)

EPIPHANY PRODUCTIONS INC

Mailing Address 104 E HUME AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016861

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) .....

12200.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2893 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EPIPHANY PRODUCTIONS INC

Mailing Address 104 E HUME AVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017138

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

76535.41

B.

Full Name (Last, First, Middle Initial)

EXECUTIVE PRESS INC

Mailing Address 10412 MAIN STREET

City  
FAIRFAX

State  
VA

Zip Code  
22030

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016456

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2609.46

C.

Full Name (Last, First, Middle Initial)

FABRIZIO MCLAUGHLIN AND ASSOCIATES INC

Mailing Address 915 KING ST  
2ND FL

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016496

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

7000.00

SUBTOTAL of Disbursements This Page (optional) .....

86144.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2894 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
FABRIZIO MCLAUGHLIN AND ASSOCIATES INC

Mailing Address 915 KING ST  
2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016886

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

45000.00

**B.** Full Name (Last, First, Middle Initial)  
FABRIZIO MCLAUGHLIN AND ASSOCIATES INC

Mailing Address 915 KING ST  
2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017139

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
FEDEX KINKOS

Mailing Address PO BOX 672085

City DALLAS State TX Zip Code 75267-2085

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016457

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1461.21

**SUBTOTAL** of Disbursements This Page (optional) .....

51461.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2895 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FEDEX KINKOS

Mailing Address PO BOX 672085

City  
DALLAS

State  
TX

Zip Code  
75267-2085

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017106

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

330.47

B.

Full Name (Last, First, Middle Initial)

GKV, LLC

Mailing Address 4189 SOUTH FOUR MILE RUN DRIVE  
SUITE 404

City  
ARLINGTON

State  
VA

Zip Code  
22204

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016654

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

GKV, LLC

Mailing Address 4189 SOUTH FOUR MILE RUN DRIVE  
SUITE 404

City  
ARLINGTON

State  
VA

Zip Code  
22204

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016862

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

6500.00

SUBTOTAL of Disbursements This Page (optional) .....

9330.47

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2896 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GUARDIAN LIFE INSURANCE COMPANY

Mailing Address PO BOX 95101

City CHICAGO State IL Zip Code 60694-5101

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016825

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

47199.21

**B.** Full Name (Last, First, Middle Initial)  
GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City AUSTIN State TX Zip Code 78757

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016458

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

15770.62

**C.** Full Name (Last, First, Middle Initial)  
GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City AUSTIN State TX Zip Code 78757

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016923

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

883.59

**SUBTOTAL** of Disbursements This Page (optional) .....

63853.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2897 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City State Zip Code  
AUSTIN TX 78757

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017107

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17224.78

B.

Full Name (Last, First, Middle Initial)

HARLAND CLARKE

Mailing Address 10931 LAUREATE DR

City State Zip Code  
SAN ANTONIO TX 78249

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017300

Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.45

C.

Full Name (Last, First, Middle Initial)

HASLER FINANCIAL SERVICES

Mailing Address PO BOX 45850

City State Zip Code  
SAN FRANCISCO CA 94145

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017279

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

18278.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2898 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
HILL RESEARCH CONSULTANTS

Mailing Address PO BOX 3290

City AUBURN State AL Zip Code 36831

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016889

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

11500.00

**B.** Full Name (Last, First, Middle Initial)  
HOLTZMAN VOGEL PLLC

Mailing Address 45 NORTH HILL DR  
SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016864

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

15000.00

**C.** Full Name (Last, First, Middle Initial)  
HOON DESIGNS LLC

Mailing Address 2800 SHIRLINGTON RD  
STE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016459

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

3900.00

**SUBTOTAL** of Disbursements This Page (optional) .....

30400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2899 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOON DESIGNS LLC

Mailing Address 2800 SHIRLINGTON RD  
STE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016657

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

1350.00

B.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016865

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

III-INTERACTIVE LLC

Mailing Address 2011 CHAPEL PLAZA CT  
SUITE 105

City COLUMBIA State MO Zip Code 65203

Purpose of Disbursement  
ECAMPAIGN CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016891

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

2416.10

SUBTOTAL of Disbursements This Page (optional) .....

13766.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2900 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ILLUMEN

Mailing Address 1000 POTOMAC ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016629

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

1667.00

B.

Full Name (Last, First, Middle Initial)

ILLUMEN

Mailing Address 1000 POTOMAC ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017140

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

1667.00

C.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016659

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

84218.71

SUBTOTAL of Disbursements This Page (optional) .....

87552.71

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2901 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016925

Date of Disbursement

/   /

Amount of Each Disbursement this Period

114153.03

**B.**

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017108

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11941.89

**C.**

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017141

Date of Disbursement

/   /

Amount of Each Disbursement this Period

139.65

**SUBTOTAL** of Disbursements This Page (optional) .....

126234.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2902 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN GILL CONSULTING

Mailing Address 3424 WENTWOOD DR

City  
DALLAS

State  
TX

Zip Code  
75225

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016935

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

10327.40

B.

Full Name (Last, First, Middle Initial)

JONES DAY

Mailing Address 51 LOUISIANA AVENUE NW

City  
WASHINGTON

State  
DC

Zip Code  
20001-2113

Purpose of Disbursement  
CATERING / FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016936

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

7216.11

C.

Full Name (Last, First, Middle Initial)

KARL ROVE & CO

Mailing Address P.O. BOX 25564

City  
WASHINGTON

State  
DC

Zip Code  
20027

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016461

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

316.87

**SUBTOTAL** of Disbursements This Page (optional) .....

17860.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2903 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEY REACTIONS LLC

Mailing Address 44 WEST CLINTON AVE

City IRVINGTON State NY Zip Code 10533

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016497

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

KEY REACTIONS LLC

Mailing Address 44 WEST CLINTON AVE

City IRVINGTON State NY Zip Code 10533

Purpose of Disbursement  
ECAMPAIGN CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017142

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

3224.24

C.

Full Name (Last, First, Middle Initial)

KONICA MINOLTA

Mailing Address 21146 NETWORK PLACE

City CHICAGO State IL Zip Code 60673-1211

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016498

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1463.45

SUBTOTAL of Disbursements This Page (optional) .....

9687.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2904 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KONICA MINOLTA

Mailing Address 21146 NETWORK PLACE

City  
CHICAGO

State  
IL

Zip Code  
60673-1211

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016828

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2066.41

**B.**

Full Name (Last, First, Middle Initial)

KONICA MINOLTA

Mailing Address 21146 NETWORK PLACE

City  
CHICAGO

State  
IL

Zip Code  
60673-1211

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017143

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

1613.72

**C.**

Full Name (Last, First, Middle Initial)

MAIL AMERICA COMMUNICATIONS INC

Mailing Address 1174 ELKTON FARM RD

City  
FOREST

State  
VA

Zip Code  
24551

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016662

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

28229.39

**SUBTOTAL** of Disbursements This Page (optional) .....

31909.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2905 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MARK BLANKENSHIP ENTERPRISES

Mailing Address 1116 SMITH STREET  
SUITE 300

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016829

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

7000.00

**B.** Full Name (Last, First, Middle Initial)  
MARK BLANKENSHIP ENTERPRISES

Mailing Address 1116 SMITH STREET  
SUITE 300

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016893

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MARKET TECH GROUP

Mailing Address PO BOX 26864

City SALT LAKE CITY State UT Zip Code 84126

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016462

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1055.60

**SUBTOTAL** of Disbursements This Page (optional) .....

9055.60

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2906 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MCLAUGHLIN AND ASSOCIATES INC

Mailing Address 566 S RT 303

City  
BLAUVELTState  
NYZip Code  
10913Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016499

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

45655.00

**B.**

Full Name (Last, First, Middle Initial)

MCLAUGHLIN AND ASSOCIATES INC

Mailing Address 566 S RT 303

City  
BLAUVELTState  
NYZip Code  
10913Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016830

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

21586.00

**C.**

Full Name (Last, First, Middle Initial)

MCLAUGHLIN AND ASSOCIATES INC

Mailing Address 566 S RT 303

City  
BLAUVELTState  
NYZip Code  
10913Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016894

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Amount of Each Disbursement this Period

46905.00

SUBTOTAL of Disbursements This Page (optional) .....

114146.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2907 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MDI IMAGING AND MAIL

Mailing Address 21955 CASCADES PKWY

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016464

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

19448.22

B.

Full Name (Last, First, Middle Initial)

MERKLE INC

Mailing Address 100 JAMISON CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016465

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

4462.00

C.

Full Name (Last, First, Middle Initial)

MERKLE INC

Mailing Address 100 JAMISON CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016663

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

60242.62

SUBTOTAL of Disbursements This Page (optional) .....

84152.84

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2908 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MERKLE INC

Mailing Address 100 JAMISON CT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017109

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

56835.67

B.

Full Name (Last, First, Middle Initial)

MJO SERVICES

Mailing Address 1101 BUSINESS PARKWAY SOUTH

City  
WESTMINSTERState  
MDZip Code  
21157Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

382.59

C.

Full Name (Last, First, Middle Initial)

MNICH AUTOMOTIVE INC

Mailing Address 1458 DUBLIN RD

City  
COLUMBUSState  
OHZip Code  
43215Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016466

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

5575.00

SUBTOTAL of Disbursements This Page (optional) .....

62793.26

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2909 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MNICH AUTOMOTIVE INC

Mailing Address 1458 DUBLIN RD

City  
COLUMBUSState  
OHZip Code  
43215Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016664

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

376.31

**B.**

Full Name (Last, First, Middle Initial)

MOBILE FKM

Mailing Address 1800 WEST LOOP SOUTH  
SUITE 2100City  
HOUSTONState  
TXZip Code  
77027Purpose of Disbursement  
ECAMPAIGN CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016895

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Amount of Each Disbursement this Period

3626.38

**C.**

Full Name (Last, First, Middle Initial)

MOBY DICK AIRWAYS, LTD.

Mailing Address P.O. BOX 77518

City  
WASHINGTONState  
DCZip Code  
20013-8518Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016896

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Amount of Each Disbursement this Period

3799.00

SUBTOTAL of Disbursements This Page (optional) .....

7801.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2910 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MOORE INFORMATION

Mailing Address 428 4TH ST  
STE 8

City ANNAPOLIS State MD Zip Code 21403

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016500

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

16100.00

**B.**

Full Name (Last, First, Middle Initial)

MOORE INFORMATION

Mailing Address 428 4TH ST  
STE 8

City ANNAPOLIS State MD Zip Code 21403

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016630

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

2200.00

**C.**

Full Name (Last, First, Middle Initial)

MOORE INFORMATION

Mailing Address 428 4TH ST  
STE 8

City ANNAPOLIS State MD Zip Code 21403

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016831

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

16425.00

**SUBTOTAL** of Disbursements This Page (optional) .....

34725.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2911 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MOORE INFORMATION

Mailing Address 428 4TH ST  
STE 8

City ANNAPOLIS State MD Zip Code 21403

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017145

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

11250.00

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL FITNESS NETWORK

Mailing Address 14059 VISTA DR  
#140-B

City LAUREL State MD Zip Code 20707

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016833

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Amount of Each Disbursement this Period

380.00

**C.**

Full Name (Last, First, Middle Initial)

NATIONAL MAILING SYSTEMS

Mailing Address 1749 OLD MEADOW ROAD  
SUITE 200

City MCLEAN State VA Zip Code 22102-4314

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016501

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

112.26

SUBTOTAL of Disbursements This Page (optional) .....

11742.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2912 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NATIONAL MAILING SYSTEMS

Mailing Address 1749 OLD MEADOW ROAD  
SUITE 200

City MCLEAN State VA Zip Code 22102-4314

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017146

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

20.13

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL NEWS AGENCY

Mailing Address 4331 BLADENSBURG ROAD

City COLMAR MANOR State MD Zip Code 20722

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017147

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

1907.58

**C.**

Full Name (Last, First, Middle Initial)

NATIONAL RESEARCH INC

Mailing Address 6 SHERWOOD CT

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016502

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

13500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15427.71

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2913 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL RESEARCH INC

Mailing Address 6 SHERWOOD CT

City  
HOLMDELState  
NJZip Code  
07733Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016631

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL RESEARCH INC

Mailing Address 6 SHERWOOD CT

City  
HOLMDELState  
NJZip Code  
07733Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016834

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

9500.00

C.

Full Name (Last, First, Middle Initial)

NATIONAL RESEARCH INC

Mailing Address 6 SHERWOOD CT

City  
HOLMDELState  
NJZip Code  
07733Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016897

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Amount of Each Disbursement this Period

14750.00

SUBTOTAL of Disbursements This Page (optional) .....

29250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2914 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL RESEARCH INC

Mailing Address 6 SHERWOOD CT

City  
HOLMDEL

State  
NJ

Zip Code  
07733

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017148

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

NEP, INC

Mailing Address 1200 WAKE FOREST DRIVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017111

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7972.80

C.

Full Name (Last, First, Middle Initial)

NEW ENGLAND PRESS INC

Mailing Address 1200 WAKE FOREST DR

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016898

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1125.14

SUBTOTAL of Disbursements This Page (optional) .....

11597.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2915 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEW ENGLAND PRESS INC

Mailing Address 1200 WAKE FOREST DR

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017149

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

235.55

B.

Full Name (Last, First, Middle Initial)

NOREAST CAPITAL CORPORATION

Mailing Address PO BOX 4128

City  
ANNAPOLIS

State  
MD

Zip Code  
21403

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017150

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

477.00

C.

Full Name (Last, First, Middle Initial)

OCCASIONS CATERERS

Mailing Address 5458 3RD ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20011

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016468

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

4396.52

SUBTOTAL of Disbursements This Page (optional) .....

5109.07

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2916 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OCTOBER INC

Mailing Address PO BOX 370672

City  
LAS VEGASState  
NVZip Code  
89137Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016469

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

7680.00

**B.**

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City  
CROFTONState  
MDZip Code  
21114Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016503

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

1370.00

**C.**

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City  
CROFTONState  
MDZip Code  
21114Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016632

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

3750.00

SUBTOTAL of Disbursements This Page (optional) .....

12800.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2917 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ONMESSAGE INC	<b>Transaction ID:</b> SB21-0.016835 <b>Date of Disbursement</b>																				
Mailing Address 2130 PRIEST BRIDGE DR # 11	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City CROFTON State MD Zip Code 21114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SURVEY RESEARCH Candidate Name	<table border="1"> <tr> <td colspan="10">13150.00</td> </tr> </table>	13150.00																			
13150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ONMESSAGE INC	<b>Transaction ID:</b> SB21-0.016899 <b>Date of Disbursement</b>																				
Mailing Address 2130 PRIEST BRIDGE DR # 11	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	1	0												
City CROFTON State MD Zip Code 21114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SURVEY RESEARCH Candidate Name	<table border="1"> <tr> <td colspan="10">55338.19</td> </tr> </table>	55338.19																			
55338.19																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ONMESSAGE INC	<b>Transaction ID:</b> SB21-0.017151 <b>Date of Disbursement</b>																				
Mailing Address 2130 PRIEST BRIDGE DR # 11	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	1	0												
City CROFTON State MD Zip Code 21114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SURVEY RESEARCH Candidate Name	<table border="1"> <tr> <td colspan="10">24950.00</td> </tr> </table>	24950.00																			
24950.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

93438.19

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2919 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
**PARKING MANAGEMENT COMPANY**

Mailing Address 306 42ND AVENUE NORTH

City State Zip Code  
NASHVILLE TN 37209

Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

448.50

**B.** Full Name (Last, First, Middle Initial)  
**PKL CONSULTING**

Mailing Address 621 THORNWOOD LANE

City State Zip Code  
NORTHFIELD IL 60093

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016471

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

**C.** Full Name (Last, First, Middle Initial)  
**PLUVIOUS**

Mailing Address 801 S. GRAND AVENUE, #2001

City State Zip Code  
LOS ANGELES CA 90017

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016939

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21918.00

**SUBTOTAL** of Disbursements This Page (optional) .....

24466.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2920 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

POLITICAL JUMP, LLC

Mailing Address 5850 T.G. Lee Blvd, STE 340

City  
ORLANDO

State  
FL

Zip Code  
32822

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016669

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

6231.49

B.

Full Name (Last, First, Middle Initial)

POLITICAL JUMP, LLC

Mailing Address 5850 T.G. Lee Blvd, STE 340

City  
ORLANDO

State  
FL

Zip Code  
32822

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017112

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

6898.70

C.

Full Name (Last, First, Middle Initial)

PRESS ASSOCIATION INC

Mailing Address P.O. BOX 414243

City  
BOSTON

State  
MA

Zip Code  
02241-4243

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016505

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1507.28

SUBTOTAL of Disbursements This Page (optional) .....

14637.47

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2921 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRESS ASSOCIATION INC

Mailing Address P.O. BOX 414243

City  
BOSTON

State  
MA

Zip Code  
02241-4243

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016900

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

1507.28

B.

Full Name (Last, First, Middle Initial)

PRESTONWOOD COUNTRY CLUB

Mailing Address P.O. BOX 796607

City  
DALLAS

State  
TX

Zip Code  
75379

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016670

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

1389.00

C.

Full Name (Last, First, Middle Initial)

PRESTONWOOD COUNTRY CLUB

Mailing Address P.O. BOX 796607

City  
DALLAS

State  
TX

Zip Code  
75379

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016940

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

1570.10

SUBTOTAL of Disbursements This Page (optional) .....

4466.38

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2922 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PUBLIC OPINION STRATEGIES

Mailing Address 214 N FAYETTE ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016506

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Amount of Each Disbursement this Period

103250.00

B.

Full Name (Last, First, Middle Initial)

PUBLIC OPINION STRATEGIES

Mailing Address 214 N FAYETTE ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016634

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

61750.00

C.

Full Name (Last, First, Middle Initial)

PUBLIC OPINION STRATEGIES

Mailing Address 214 N FAYETTE ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016838

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Amount of Each Disbursement this Period

103600.00

SUBTOTAL of Disbursements This Page (optional) .....

268600.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2923 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PUBLIC OPINION STRATEGIES

Mailing Address 214 N FAYETTE ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016901

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Amount of Each Disbursement this Period

64000.00

B.

Full Name (Last, First, Middle Initial)

PURSUANT

Mailing Address 5151 BELTLINE ROAD, STE 900

City  
DALLASState  
TXZip Code  
75254Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016941

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Amount of Each Disbursement this Period

29912.52

C.

Full Name (Last, First, Middle Initial)

QWEST COMMUNICATIONS

Mailing Address PO BOX 85619

City  
LOUISVILLEState  
KYZip Code  
40285-6169Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016902

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Amount of Each Disbursement this Period

1678.11

SUBTOTAL of Disbursements This Page (optional) .....

95590.63

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2924 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REPUBLICAN DEPOT, LLC

Mailing Address P.O. BOX 222

City

UNION CITY

State

IN

Zip Code

47390

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.016472

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2450.80

B.

Full Name (Last, First, Middle Initial)

REPUBLICAN DEPOT, LLC

Mailing Address P.O. BOX 222

City

UNION CITY

State

IN

Zip Code

47390

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.016507

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

423.64

C.

Full Name (Last, First, Middle Initial)

REPUBLICAN DEPOT, LLC

Mailing Address P.O. BOX 222

City

UNION CITY

State

IN

Zip Code

47390

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.016671

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

2514.60

SUBTOTAL of Disbursements This Page (optional) .....

5389.04

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2925 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REPUBLICAN DEPOT, LLC

Mailing Address P.O. BOX 222

City

UNION CITY

State

IN

Zip Code

47390

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.016957

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

157.29

**B.**

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City

ATHENS

State

GA

Zip Code

30601

Purpose of Disbursement

PRINTING/POSTAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.016473

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

35777.74

**C.**

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City

ATHENS

State

GA

Zip Code

30601

Purpose of Disbursement

FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.017113

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

12667.28

**SUBTOTAL** of Disbursements This Page (optional) .....

48602.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2926 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
RST MARKETING ASSOCIATES INC

Mailing Address 1272 CORPORATE PARK RD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016474

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

6983.72

**B.** Full Name (Last, First, Middle Initial)  
RST MARKETING ASSOCIATES INC

Mailing Address 1272 CORPORATE PARK RD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017114

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

6891.04

**C.** Full Name (Last, First, Middle Initial)  
SCR & ASSOCIATES, LLC

Mailing Address 4 LEBLANC DRIVE

City DANVERS State MA Zip Code 01923

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016475

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

247.94

**SUBTOTAL** of Disbursements This Page (optional) .....

14122.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2927 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCR & ASSOCIATES, LLC

Mailing Address 4 LEBLANC DRIVE

City  
DANVERS

State  
MA

Zip Code  
01923

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016942

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7040.00

**B.**

Full Name (Last, First, Middle Initial)

SHANNA WOODBURY CONSULTING, LLC

Mailing Address P.O. BOX 120697

City  
ST. PAUL

State  
MN

Zip Code  
55112

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016476

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SMART SOURCE RENTALS

Mailing Address PO BOX 289

City  
LAUREL

State  
NY

Zip Code  
11948

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016510

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1067.85

**SUBTOTAL** of Disbursements This Page (optional) .....

8357.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2928 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City  
CHATTANOOGA

State  
TN

Zip Code  
37401-2181

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016509

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2182.69

B.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City  
CHATTANOOGA

State  
TN

Zip Code  
37401-2181

Purpose of Disbursement  
WEB HOSTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016903

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

414.60

C.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City  
CHATTANOOGA

State  
TN

Zip Code  
37401-2181

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017155

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

1612.58

SUBTOTAL of Disbursements This Page (optional) .....

4209.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2929 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016917

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

44879.65

B.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017115

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

43342.66

C.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City FREDERICKSBURG State VA Zip Code 22408

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016841

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

469.46

SUBTOTAL of Disbursements This Page (optional) .....

88691.77

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2930 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SQUARE 737 LLC

Mailing Address 1100 New Jersey Ave SE  
SUITE 1000

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PARKING SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016874

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

2970.00

**B.**

Full Name (Last, First, Middle Initial)

SQUARE 737 LLC

Mailing Address 1100 New Jersey Ave SE  
SUITE 1000

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017156

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

2970.00

**C.**

Full Name (Last, First, Middle Initial)

SRCP MEDIA

Mailing Address 201 N UNION ST.  
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016635

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

6852.00

SUBTOTAL of Disbursements This Page (optional) .....

12792.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2931 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SRCP MEDIA

Mailing Address 201 N UNION ST.  
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.016904

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

32786.00

**B.**

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address 8725 W SAHARA

City LAS VEGAS State NV Zip Code 89163

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.016842

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

4040.32

**C.**

Full Name (Last, First, Middle Initial)

STATE OF NEW HAMPSHIRE UNEMPLOYMENT SECURITY

Mailing Address 32 SOUTH MAIN ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017282

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

370.00

**SUBTOTAL** of Disbursements This Page (optional) .....

37196.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2932 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City CHICAGO State IL Zip Code 60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016478

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

81561.05

**B.** Full Name (Last, First, Middle Initial)  
STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City CHICAGO State IL Zip Code 60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016672

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

45909.60

**C.** Full Name (Last, First, Middle Initial)  
STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City CHICAGO State IL Zip Code 60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016943

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

40194.30

**SUBTOTAL** of Disbursements This Page (optional) .....

167664.95

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2933 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

## **A.** Full Name (Last, First, Middle Initial) **STRATEGIC FUNDRAISING INC**

Mailing Address 2625 MOMENTUM PL

City CHICAGO State IL Zip Code 60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017116

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4379.95

## **B.** Full Name (Last, First, Middle Initial) **SUMMIT OPEN SYSTEMS LLC**

Mailing Address PO BOX 841

City ARNOLD State MD Zip Code 21012

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.016636

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

## **C.** Full Name (Last, First, Middle Initial) **SUSAN GAGE CATERERS**

Mailing Address 7411 LIVINGSTON RD

City OXON HILL State MD Zip Code 20745

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.016479

Date of Disbursement

/   /

Amount of Each Disbursement this Period

334.40

**SUBTOTAL** of Disbursements This Page (optional) .....

5014.35

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2934 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>TARGETING GROUP</b>	<b>Transaction ID:</b> SB21-0.016905 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	Mailing Address 1800 WEST LOOP SO. STE 2100	
	City HOUSTON State TX Zip Code 77027	Amount of Each Disbursement this Period 10635.01
	Purpose of Disbursement ECAMPAIGN CONSULTING	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>TARGETPOINT CONSULTING</b>	<b>Transaction ID:</b> SB21-0.016511 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Mailing Address 66 CANAL CENTER PLAZA NO 555	
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 6700.00
	Purpose of Disbursement SURVEY RESEARCH	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>TEL OPINION RESEARCH LLC</b>	<b>Transaction ID:</b> SB21-0.016513 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Mailing Address 901 KING STREET, S400	
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 6975.00
	Purpose of Disbursement SURVEY RESEARCH	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		24310.01
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2935 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THE COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016860

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

THE HALLISEY GROUP

Mailing Address 38 EAST 85TH ST  
SUITE 5E

City  
NEW YORK

State  
NY

Zip Code  
10028

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016826

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

THE HALLISEY GROUP

Mailing Address 38 EAST 85TH ST  
SUITE 5E

City  
NEW YORK

State  
NY

Zip Code  
10028

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.016916

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29662.60

**SUBTOTAL** of Disbursements This Page (optional) .....

49662.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2936 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE MCINTOSH COMPANY

Mailing Address 5310 HARVEST HILL ROAD, STE 209

City  
DALLAS

State  
TX

Zip Code  
75230

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016463

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

48288.00

B.

Full Name (Last, First, Middle Initial)

THE MCINTOSH COMPANY

Mailing Address 5310 HARVEST HILL ROAD, STE 209

City  
DALLAS

State  
TX

Zip Code  
75230

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016866

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

THE MCINTOSH COMPANY

Mailing Address 5310 HARVEST HILL ROAD, STE 209

City  
DALLAS

State  
TX

Zip Code  
75230

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016938

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

59160.00

SUBTOTAL of Disbursements This Page (optional) .....

114948.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2937 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE PARTY GIRL

Mailing Address 1704 SHADY HILL ROAD, NE

City  
MARIETTAState  
GAZip Code  
30068Purpose of Disbursement  
CATERING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016944

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

THE POLLING COMPANY

Mailing Address 1220 CONNECTICUT AVENUE NW

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016837

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Amount of Each Disbursement this Period

4053.00

C.

Full Name (Last, First, Middle Initial)

THE TARRANCE GROUP

Mailing Address 201 N UNION ST  
STE 410City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016512

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

69686.00

SUBTOTAL of Disbursements This Page (optional) .....

73864.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2938 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE TARRANCE GROUP

Mailing Address 201 N UNION ST  
STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016637

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

34545.00

B.

Full Name (Last, First, Middle Initial)

THE TARRANCE GROUP

Mailing Address 201 N UNION ST  
STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016843

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

60921.50

C.

Full Name (Last, First, Middle Initial)

THE TARRANCE GROUP

Mailing Address 201 N UNION ST  
STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016906

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

33268.00

SUBTOTAL of Disbursements This Page (optional) .....

128734.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2939 / 3187

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE TARRANCE GROUP

Mailing Address 201 N UNION ST  
STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017157

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

THE UNIVERSITY CLUB

Mailing Address P.O. BOX 5475

City NEW YORK State NY Zip Code 10087-5475

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016480

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2438.26

C.

Full Name (Last, First, Middle Initial)

THE WOODS HERBERGER GROUP

Mailing Address 1200 ANASTASIA AVENUE, STE 310

City CORAL GABLES State FL Zip Code 33416

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016871

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

10938.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2940 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELES

State  
CA

Zip Code  
90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016794

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

15401.33

B.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELES

State  
CA

Zip Code  
90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017095

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

15461.33

C.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELES

State  
CA

Zip Code  
90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017277

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

3830.33

SUBTOTAL of Disbursements This Page (optional) .....

34692.99

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2941 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TROUTMAN SANDERS LLP

Mailing Address 1660 INTERNATIONAL DR  
STE 600 TYSONS CORNER

City MCLEAN State VA Zip Code 22102-3805

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016638

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

525.00

B.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City PHILADELPHIA State PA Zip Code 19170-0001

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016481

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

UPS STORE

Mailing Address 611 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003-4303

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017158

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

230.00

SUBTOTAL of Disbursements This Page (optional) .....

1005.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2942 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20220Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016792

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

57820.25

**B.**

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20220Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017093

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

58061.63

**C.**

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20220Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017275

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

14170.24

SUBTOTAL of Disbursements This Page (optional) .....

130052.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2943 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US MONITOR SERVICE

Mailing Address 86 MAPLE AVE

City  
NEW YORK

State  
NY

Zip Code  
10956-5092

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016482

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

530.80

B.

Full Name (Last, First, Middle Initial)

US MONITOR SERVICE

Mailing Address 86 MAPLE AVE

City  
NEW YORK

State  
NY

Zip Code  
10956-5092

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016959

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

298.35

C.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTON

State  
DC

Zip Code  
20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016673

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

40000.00

SUBTOTAL of Disbursements This Page (optional) .....

40829.15

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2944 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTON

State  
DC

Zip Code  
20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017117

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

1040.00

B.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTON

State  
DC

Zip Code  
20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017123

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

770.00

C.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTON

State  
DC

Zip Code  
20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017124

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

770.00

SUBTOTAL of Disbursements This Page (optional) .....

2580.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2945 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTONState  
DCZip Code  
20018-1004Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017126

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

1040.00

**B.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTONState  
DCZip Code  
20018-1004Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017127

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

1040.00

**C.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTONState  
DCZip Code  
20018-1004Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017128

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

1040.00

SUBTOTAL of Disbursements This Page (optional) .....

3120.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

770.00

770.00

11250.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2947 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON CABS

Mailing Address PO BOX 4832

City  
TRENTON

State  
NJ

Zip Code  
08650-4832

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016514

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1663.10

B.

Full Name (Last, First, Middle Initial)

VERIZON CABS

Mailing Address PO BOX 4832

City  
TRENTON

State  
NJ

Zip Code  
08650-4832

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017159

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

1652.86

C.

Full Name (Last, First, Middle Initial)

VIRGINIA CONSULTING GROUP, LLC

Mailing Address 114 DUKE STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017119

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

4851.24

SUBTOTAL of Disbursements This Page (optional) .....

8167.20

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2948 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City  
RICHMONDState  
VAZip Code  
23212Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016793

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

4617.63

**B.**

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City  
RICHMONDState  
VAZip Code  
23212Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017094

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

4581.90

**C.**

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City  
RICHMONDState  
VAZip Code  
23212Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017276

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

1131.96

SUBTOTAL of Disbursements This Page (optional) .....

10331.49

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2949 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VISUAL IMPACT DESIGN

Mailing Address 264 N LUMPKIN STREET #202

City ATHENS State GA Zip Code 30601

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017120

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LOAN INTEREST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016875

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

11367.18

**C.**

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017297

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

7358.77

**SUBTOTAL** of Disbursements This Page (optional) .....

19225.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2950 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WASHINGTON COURIER

Mailing Address 5520 CHEROKEE AVE  
STE 120

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016515

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

57.40

B.

Full Name (Last, First, Middle Initial)

WASHINGTON COURIER

Mailing Address 5520 CHEROKEE AVE  
STE 120

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017162

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

115.83

C.

Full Name (Last, First, Middle Initial)

WESTAR SATELLITE SERVICES

Mailing Address PO BOX 974375

City DALLAS State TX Zip Code 75397-4375

Purpose of Disbursement  
TV UPLINK SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.016907

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

9461.07

SUBTOTAL of Disbursements This Page (optional) .....

9634.30

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2951 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WESTAR SATELLITE SERVICES

Mailing Address PO BOX 974375

City  
DALLASState  
TXZip Code  
75397-4375Purpose of Disbursement  
TV UPLINK SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

2176.94

**B.**

Full Name (Last, First, Middle Initial)

WILKINS ENTERPRISE

Mailing Address 11201 GLISSADE DR

City  
CLINTONState  
MDZip Code  
20735Purpose of Disbursement  
MAINTENANCE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016676

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

1966.80

**C.**

Full Name (Last, First, Middle Initial)

WILSON RESEARCH STRATEGIES

Mailing Address 324 2ND ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016516

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

4972.50

SUBTOTAL of Disbursements This Page (optional) .....

9116.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2952 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016517

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

941.24

B.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016639

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

4591.16

C.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.016908

Date of Disbursement

11 / 04 / 2010

Amount of Each Disbursement this Period

1791.08

SUBTOTAL of Disbursements This Page (optional) .....

7323.48

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2953 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLEState  
WAZip Code  
98124-1740Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017164

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Amount of Each Disbursement this Period

2017.90

**B.**

Full Name (Last, First, Middle Initial)

OLSON FOR CONGRESS

Mailing Address

16850 DIANA LANE SUITE A.

City  
HOUSTONState  
TXZip Code  
77058Purpose of Disbursement  
IN-KIND: SHIPPING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SA11B.13977521

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Amount of Each Disbursement this Period

21.91

**C.**

Full Name (Last, First, Middle Initial)

OLSON FOR CONGRESS

Mailing Address

16850 DIANA LANE SUITE A.

City  
HOUSTONState  
TXZip Code  
77058Purpose of Disbursement  
IN-KIND: INVITATIONS AND POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SA11B.13977522

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Amount of Each Disbursement this Period

1320.21

SUBTOTAL of Disbursements This Page (optional) .....

3360.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2954 / 3187

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21-0.016508

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2010

Amount of Each Disbursement this Period

109635.00

SUBTOTAL of Disbursements This Page (optional) .....

109635.00

TOTAL This Period (last page this line number only) .....

3940553.10

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2955 / 3187

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALABAMA REPUBLICAN PARTY

Mailing Address PO BOX 55628

City  
BIRMINGHAM

State  
AL

Zip Code  
35255

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016607

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35000.00

**B.**

Full Name (Last, First, Middle Initial)

ARIZONA REPUBLICAN PARTY

Mailing Address 3501 N 24TH ST

City  
PHOENIX

State  
AZ

Zip Code  
85016

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016561

Date of Disbursement

/   /

Amount of Each Disbursement this Period

45000.00

**C.**

Full Name (Last, First, Middle Initial)

ARIZONA REPUBLICAN PARTY

Mailing Address 3501 N 24TH ST

City  
PHOENIX

State  
AZ

Zip Code  
85016

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016642

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

110000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2956 / 3187

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ARIZONA REPUBLICAN PARTY

Mailing Address 3501 N 24TH ST

City  
PHOENIX

State  
AZ

Zip Code  
85016

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016701

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

30000.00

B.

Full Name (Last, First, Middle Initial)

INDIANA REPUBLICAN PARTY

Mailing Address 47 SOUTH MERIDIAN ST  
2ND FLOOR

City  
INDIANAPOLIS

State  
IN

Zip Code  
46204

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016445

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

90000.00

C.

Full Name (Last, First, Middle Initial)

INDIANA REPUBLICAN PARTY

Mailing Address 47 SOUTH MERIDIAN ST  
2ND FLOOR

City  
INDIANAPOLIS

State  
IN

Zip Code  
46204

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016558

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

28000.00

SUBTOTAL of Disbursements This Page (optional) .....

148000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2957 / 3187

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
INDIANA REPUBLICAN PARTYMailing Address 47 SOUTH MERIDIAN ST  
2ND FLOOR

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016609

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Amount of Each Disbursement this Period

40000.00

**B.** Full Name (Last, First, Middle Initial)  
INDIANA REPUBLICAN PARTYMailing Address 47 SOUTH MERIDIAN ST  
2ND FLOOR

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016845

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Amount of Each Disbursement this Period

20000.00

**C.** Full Name (Last, First, Middle Initial)  
MASSACHUSETTS REPUBLICAN PARTYMailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016591

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

35000.00

SUBTOTAL of Disbursements This Page (optional) ▶

95000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2958 / 3187

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NEW JERSEY REPUBLICAN STATE COMMITTEE

Mailing Address 150 WEST STATE ST  
SUITE 230

City TRENTON State NJ Zip Code 08608

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016641

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

100000.00

**B.** Full Name (Last, First, Middle Initial)  
NEW YORK REPUBLICAN STATE COMMITTEE

Mailing Address 315 STATE ST

City ALBANY State NY Zip Code 12210

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016559

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

60000.00

**C.** Full Name (Last, First, Middle Initial)  
NORTH DAKOTA REPUBLICAN PARTY

Mailing Address 1029 5TH ST N

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016610

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

50000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

210000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2959 / 3187

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

OHIO REPUBLICAN PARTY

Mailing Address 211 S 5TH ST

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016551

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

180000.00

B.

Full Name (Last, First, Middle Initial)

OREGON REPUBLICAN PARTY

Mailing Address PO BOX 25406

City  
PORTLAND

State  
OR

Zip Code  
97298

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016565

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

20000.00

C.

Full Name (Last, First, Middle Initial)

REPUBLICAN FEDERAL COMMITTEE OF PA

Mailing Address 112 STATE ST

City  
HARRISBURG

State  
PA

Zip Code  
17101

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016550

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

150000.00

SUBTOTAL of Disbursements This Page (optional) .....

350000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2960 / 3187

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REPUBLICAN FEDERAL COMMITTEE OF PA

Mailing Address 112 STATE ST

City  
HARRISBURGState  
PAZip Code  
17101Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016592

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Amount of Each Disbursement this Period

110000.00

**B.**

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY OF ARKANSAS

Mailing Address 1201 W SIXTH

City  
LITTLE ROCKState  
ARZip Code  
72201Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016608

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

50000.00

**C.**

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY OF LOUISIANA

Mailing Address 530 LAKELAND DR  
SUITE 215City  
BATON ROUGEState  
LAZip Code  
70802Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016611

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

85000.00

SUBTOTAL of Disbursements This Page (optional) .....

245000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2961 / 3187

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY OF FLORIDA

Mailing Address PO BOX 311

City  
TALLAHASSEE

State  
FL

Zip Code  
32302

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016640

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

30000.00

B.

Full Name (Last, First, Middle Initial)

REPUBLICAN FEDERAL COMMITTEE OF PA

Mailing Address 112 STATE ST

City  
HARRISBURG

State  
PA

Zip Code  
17101

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016693

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

78000.00

C.

Full Name (Last, First, Middle Initial)

REPUBLICAN FEDERAL COMMITTEE OF PA

Mailing Address 112 STATE ST

City  
HARRISBURG

State  
PA

Zip Code  
17101

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.016811

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

20000.00

SUBTOTAL of Disbursements This Page (optional) .....

128000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2962 / 3187

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY OF ARKANSAS

Mailing Address 1201 W SIXTH

City  
LITTLE ROCK

State  
AR

Zip Code  
72201

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22-0.016869

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

WASHINGTON STATE REPUBLICAN PARTY

Mailing Address 2840 NORTHUP WAY  
SUITE 140

City  
BELLEVUE

State  
WA

Zip Code  
98004

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22-0.016560

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

50000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

51500.00

**TOTAL** This Period (last page this line number only) .....

1337500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2963 / 3187

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANN MARIE BUERKLE FOR CONGRESS

Mailing Address 3779 UNDERWOOD WAY

City SYRACUSE State NY Zip Code 13215

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ANN MARIE BUERKLECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: SB23-0.016605

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

BECKER FOR CONGRESS

Mailing Address 1948 LEONARD LN

City MERRICK State NY Zip Code 11566

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
FRANCIS X BECKERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: SB23-0.016808

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

BILL JOHNSON FOR CONGRESS COMMITTEE

Mailing Address 3755 HUNTERS HILL

City POLAND State OH Zip Code 44514

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
BILL JOHNSONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: SB23-0.016522

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2964 / 3187

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 951

City  
NORTH BRANCH

State  
MN

Zip Code  
55056

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
CHIP CRAVAACK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 08

Transaction ID: SB23-0.016852

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

DEBICELLA FOR CONGRESS

Mailing Address 1 LAZYBROOK RD

City  
SHELTON

State  
CT

Zip Code  
06484

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
DAN DEBICELLA

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23-0.016520

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

ED MARTIN FOR CONGRESS

Mailing Address 6037 HAMPTON AVE

City  
ST LOUIS

State  
MO

Zip Code  
63109

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
EDWARD R MARTIN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 03

Transaction ID: SB23-0.016855

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2965 / 3187

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A. Full Name (Last, First, Middle Initial)  
ELECT BLAKE FARENTHOLD COMMITTEE**

Mailing Address 5601 OCEAN DR

City State Zip Code  
CORPUS CHRISTI TX 78412Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
RANDOLPH BLAKE FARENTHOLDCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 27

Transaction ID: SB23-0.016521

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B. Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN LOUGHLIN**

Mailing Address PO BOX 244

City State Zip Code  
ADAMSVILLE RI 02801Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
JOHN J LOUGHLINCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: SB23-0.016854

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C. Full Name (Last, First, Middle Initial)  
JEFF PERRY FOR CONGRESS**

Mailing Address PO BOX 1435

City State Zip Code  
SANDWICH MA 02563Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
JEFFREY DAVIS PERRYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 10

Transaction ID: SB23-0.016526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2966 / 3187

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOE WALSH FOR CONGRESS COMMITTEE INC

Mailing Address P.O. BOX 56 830 W. ROUTE 22

City  
LAKE ZURICH

State  
IL

Zip Code  
60047

Purpose of Disbursement  
CONTRIBUTION-DEBT RETIREMENT

Candidate Name  
JOE WALSH

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 08

**Transaction ID:** SB23-0.016915

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

LANDRY FOR LOUISIANA

Mailing Address PO BOX 13816

City  
NEW IBERIA

State  
LA

Zip Code  
70562

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JEFFREY M LANDRY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 03

**Transaction ID:** SB23-0.016523

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

MILLER-MEEKS FOR CONGRESS

Mailing Address PO BOX 3091

City  
IOWA CITY

State  
IA

Zip Code  
52244

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MARIANNETTE JANE MILLER-MEEKS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 02

**Transaction ID:** SB23-0.016524

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2967 / 3187

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PALAZZO FOR CONGRESS

Mailing Address 13155 HIGHWAY 67  
STE B

City BILOXI State MS Zip Code 39532

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
STEVEN MCCARTHY PALAZZO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 04

Transaction ID: SB23-0.016525

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

PHILLIPS FOR CONGRESS

Mailing Address 3523 PHYLLIS ST

City ENDWELL State NY Zip Code 13760

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
GEORGE K PHILLIPS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 22

Transaction ID: SB23-0.016809

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

RAUL LABRADOR FOR IDAHO

Mailing Address PO BOX 1616

City BOISE State ID Zip Code 83701

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
RAUL RAFAEL LABRADOR

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: SB23-0.016853

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2968 / 3187

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A. Full Name (Last, First, Middle Initial)  
RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement  
CONTRIBUTION-DEBT RETIREMENTCandidate Name  
RENEE JACISIN ELLMERSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: SB23-0.016918

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B. Full Name (Last, First, Middle Initial)  
ROCKY FOR CONGRESS**

Mailing Address 34122 WOODWARD AVE

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ANDREW ROCKY RACZKOWSKICategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: SB23-0.016606

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C. Full Name (Last, First, Middle Initial)  
RUTH MCCLUNG FOR CONGRESS**

Mailing Address PO BOX 40544

City TUCSON State AZ Zip Code 85717

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
RUTH CRAWFORD MCCLUNGCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 07

Transaction ID: SB23-0.016856

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2969 / 3187

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SAM CALIGUIRI FOR CONGRESS

Mailing Address PO BOX 11252

City  
WATERBURY

State  
CT

Zip Code  
06703

Purpose of Disbursement

CONTRIBUTION

Candidate Name

SAM CALIGUIRI

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: SB23-0.016519

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

VIDAK FOR CONGRESS

Mailing Address PO BOX 984

City  
WILLOWS

State  
CA

Zip Code  
95988

Purpose of Disbursement

CONTRIBUTION

Candidate Name

JAMES ANDREW VIDAK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 20

Transaction ID: SB23-0.016527

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

100000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2970 / 3187

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH CARMICHAEL

Mailing Address 15875 IRVINE ROAD

City  
WINCHESTERState  
KYZip Code  
40391-9339Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016649

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

EDNA CHANDLER

Mailing Address P.O. BOX 51

City  
MESICKState  
MIZip Code  
49668-0051Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Amount of Each Disbursement this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD HOFF

Mailing Address 3719 RUBY STREET, APT 4

City  
SCHILLER PARKState  
ILZip Code  
60176-2454Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016656

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2971 / 3187

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEFAN IFKO

Mailing Address 593 FLORIDA GROVE ROAD

City  
PERTH AMBOYState  
NJZip Code  
08861-1570Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016658

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

34.00

**B.**

Full Name (Last, First, Middle Initial)

VICTOR JOWORSKY

Mailing Address P.O. BOX 196

City  
ORANGEBURGState  
NYZip Code  
10962-0196Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016660

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DARRYL LONG

Mailing Address 27668 E KATY TRACK ROAD

City  
WALKERState  
MOZip Code  
64790-9198Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016661

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Amount of Each Disbursement this Period

101.00

SUBTOTAL of Disbursements This Page (optional) .....

155.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2972 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANETTE MOSS

Mailing Address 400 E CHURCH STREET

City  
ELMIRA

State  
NY

Zip Code  
14901

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A-0.016645

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

NANETTE MOSS

Mailing Address 400 E CHURCH STREET

City  
ELMIRA

State  
NY

Zip Code  
14901

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A-0.016665

Date of Disbursement

/   /

Amount of Each Disbursement this Period

136.00

**C.**

Full Name (Last, First, Middle Initial)

EUGENE NAGEL

Mailing Address 110 S MANNSTON STREET

City  
GETTYSBURG

State  
SD

Zip Code  
57442-1436

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A-0.016666

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

**SUBTOTAL** of Disbursements This Page (optional) .....

166.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2973 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HELEN PHILLIPS

Mailing Address 1006 N M STREET

City  
LAKE WORTH

State  
FL

Zip Code  
33460-2246

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016646

Date of Disbursement

/   /

Amount of Each Disbursement this Period

195.00

B.

Full Name (Last, First, Middle Initial)

HELEN PHILLIPS

Mailing Address 1006 N M STREET

City  
LAKE WORTH

State  
FL

Zip Code  
33460-2246

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016668

Date of Disbursement

/   /

Amount of Each Disbursement this Period

105.00

C.

Full Name (Last, First, Middle Initial)

DENNY WALSH

Mailing Address 6000 BASS LAKE DRIVE, STE 200

City  
MINNEAPOLIS

State  
MN

Zip Code  
55429-2794

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016675

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2974 / 3187

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GERALD WOHLFEIL

Mailing Address 3068 10TH COURT

City  
GRAND MARSH

State  
WI

Zip Code  
53936-9636

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016677

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

QUANA WOODS

Mailing Address 142 E BROADWAY AVENUE

City  
CLIFTON HEIGHTS

State  
PA

Zip Code  
19018-2607

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.016678

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

120.00

**SUBTOTAL** of Disbursements This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

1136.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2975 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANN MARIE BUERKLE FOR CONGRESS

Mailing Address 3779 UNDERWOOD WAY

City SYRACUSE State NY Zip Code 13215

Purpose of Disbursement  
CONTRIBUTION-RECOUNT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016914

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

ELECT BLAKE FARENTHOLD COMMITTEE

Mailing Address 5601 OCEAN DR

City CORPUS CHRISTI State TX Zip Code 78412

Purpose of Disbursement  
CONTRIBUTION-RECOUNT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016913

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

FIMIAN FOR CONGRESS 2010

Mailing Address PO BOX 3131

City OAKTON State VA Zip Code 22124

Purpose of Disbursement  
CONTRIBUTION-RECOUNT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016912

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2976 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF DAVID HARMER

Mailing Address 9321 SILVERBEND LANE

City State Zip Code  
ELK GROVE CA 95624

Purpose of Disbursement  
CONTRIBUTION-RECOUNT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016921

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

KOSTER FOR CONGRESS

Mailing Address PO BOX 231

City State Zip Code  
ARLINGTON WA 98223

Purpose of Disbursement  
CONTRIBUTION-RECOUNT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016920

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

RANDY ALTSCHULER FOR CONGRESS

Mailing Address PO BOX 657

City State Zip Code  
STONY BROOK NY 11790

Purpose of Disbursement  
CONTRIBUTION-RECOUNT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016927

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2977 / 3187

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 904

City  
DUNNState  
NCZip Code  
28335Purpose of Disbursement  
CONTRIBUTION-RECOUNT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016919

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

VIDAK FOR CONGRESS

Mailing Address PO BOX 984

City  
WILLOWSState  
CAZip Code  
95988Purpose of Disbursement  
CONTRIBUTION-RECOUNT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016911

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017187

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

308.42

SUBTOTAL of Disbursements This Page (optional) .....

10308.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2978 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALEX AVETOOM

Mailing Address 1761 LEMON TERR

City State Zip Code  
 SANTA ANA CA 92705

Purpose of Disbursement  
 RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29-0.017178

Date of Disbursement

/   /

Amount of Each Disbursement this Period

190.11

B.

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City State Zip Code  
 WASHINGTON DC 20003

Purpose of Disbursement  
 RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29-0.017188

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1314.11

C.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City State Zip Code  
 WASHINGTON DC 20003

Purpose of Disbursement  
 RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29-0.017189

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2172.43

**SUBTOTAL** of Disbursements This Page (optional) .....

3676.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2979 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017190

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1048.21

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017191

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1845.14

**C.**

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017192

Date of Disbursement

/   /

Amount of Each Disbursement this Period

665.31

**SUBTOTAL** of Disbursements This Page (optional) .....

3558.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2980 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017193

Date of Disbursement

/   /

Amount of Each Disbursement this Period

938.20

B.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017194

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1372.94

C.

Full Name (Last, First, Middle Initial)

MARK BURRIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017179

Date of Disbursement

/   /

Amount of Each Disbursement this Period

318.86

**SUBTOTAL** of Disbursements This Page (optional) .....

2630.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2981 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURA M CAMP

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017195

Date of Disbursement

/   /

Amount of Each Disbursement this Period

993.02

B.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017196

Date of Disbursement

/   /

Amount of Each Disbursement this Period

884.15

C.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017197

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1590.17

**SUBTOTAL** of Disbursements This Page (optional) .....

3467.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2982 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017198

Date of Disbursement

/   /

Amount of Each Disbursement this Period

588.55

B.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017199

Date of Disbursement

/   /

Amount of Each Disbursement this Period

857.59

C.

Full Name (Last, First, Middle Initial)

ROBERT COUSINS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017200

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1088.17

**SUBTOTAL** of Disbursements This Page (optional) .....

2534.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2983 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JARED CRAIGHEAD

Mailing Address 3605 GETTYSBURG PL

City State Zip Code  
JEFFERSON CITY MO 65109

Purpose of Disbursement  
RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29-0.017180

Date of Disbursement

/   /

Amount of Each Disbursement this Period

405.79

B.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29-0.017201

Date of Disbursement

/   /

Amount of Each Disbursement this Period

811.58

C.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29-0.017202

Date of Disbursement

/   /

Amount of Each Disbursement this Period

973.01

SUBTOTAL of Disbursements This Page (optional) .....

2190.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2984 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017203

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3170.19

B.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017204

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1250.32

C.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017206

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2391.86

**SUBTOTAL** of Disbursements This Page (optional) .....

6812.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2985 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARIANA DIEZ

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017207

Date of Disbursement

/   /

Amount of Each Disbursement this Period

675.65

**B.**

Full Name (Last, First, Middle Initial)

RACHEL DRESEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017208

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1193.95

**C.**

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017209

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1025.26

**SUBTOTAL** of Disbursements This Page (optional) .....

2894.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2986 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TRENT T EDWARDS	<b>Transaction ID:</b> SB29-0.017210 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>9</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement RECOUNT PAYROLL	<div>1704.31</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GEOFFREY EMBLER	<b>Transaction ID:</b> SB29-0.017211 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>9</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement RECOUNT PAYROLL	<div>2251.72</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS ERICKSON	<b>Transaction ID:</b> SB29-0.017212 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>9</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement RECOUNT PAYROLL	<div>1248.76</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5204.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2987 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017213

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1502.29

B.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017218

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2871.91

C.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017214

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1771.10

**SUBTOTAL** of Disbursements This Page (optional) .....

6145.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2988 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHANIE GENCO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017181

Date of Disbursement

/   /

Amount of Each Disbursement this Period

109.58

B.

Full Name (Last, First, Middle Initial)

STEPHANIE GENCO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017215

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1158.67

C.

Full Name (Last, First, Middle Initial)

ASHLEY GODWIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017216

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1162.78

**SUBTOTAL** of Disbursements This Page (optional) .....

2431.03

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2989 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017217

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1152.28

**B.**

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017219

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2001.59

**C.**

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017220

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2973.28

**SUBTOTAL** of Disbursements This Page (optional) .....

6127.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2990 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELIZABETH HAURY

Mailing Address 5733 SILVERTON RD NE

City  
SALEM

State  
OR

Zip Code  
97305

Purpose of Disbursement  
RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017182

Date of Disbursement

/   /

Amount of Each Disbursement this Period

152.28

B.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017224

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1020.36

C.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017225

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2187.05

**SUBTOTAL** of Disbursements This Page (optional) .....

3359.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2991 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CURTIS ISAKSON Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB29-0.017222 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>849.45</div>
<b>B.</b> Full Name (Last, First, Middle Initial) JESSICA JAMES Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29-0.017223 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>710.08</div>
<b>C.</b> Full Name (Last, First, Middle Initial) JAMES R JETTON Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29-0.017226 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1150.50</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

2710.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2992 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TODD R JOHNSON</b>	<b>Transaction ID:</b> SB29-0.017227 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div>MM/DD/YY</div> <div>11/19/2010</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement RECOUNT PAYROLL	<div> <div>Amount</div> <div>1388.03</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MARY E KAHLSTORF</b>	<b>Transaction ID:</b> SB29-0.017228 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div>MM/DD/YY</div> <div>11/19/2010</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement RECOUNT PAYROLL	<div> <div>Amount</div> <div>991.01</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL R KAPLAN</b>	<b>Transaction ID:</b> SB29-0.017229 <b>Date of Disbursement</b>
Mailing Address 320 1ST ST SE	<div> <div>MM/DD/YY</div> <div>11/19/2010</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement RECOUNT PAYROLL	<div> <div>Amount</div> <div>754.65</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3133.69**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2993 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NICHOLAS KARELLAS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017230

Date of Disbursement

/   /

Amount of Each Disbursement this Period

994.03

B.

Full Name (Last, First, Middle Initial)

DEBORAH KELLER

Mailing Address 216 MARYLAND AVE NE  
APT105

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017183

Date of Disbursement

/   /

Amount of Each Disbursement this Period

558.21

C.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017231

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2173.97

SUBTOTAL of Disbursements This Page (optional) .....

3726.21

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2994 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017232

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1479.02

B.

Full Name (Last, First, Middle Initial)

ANNA LEE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017184

Date of Disbursement

/   /

Amount of Each Disbursement this Period

856.80

C.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017233

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1637.86

**SUBTOTAL** of Disbursements This Page (optional) .....

3973.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2995 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SAMUEL LOEWNER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017234

Date of Disbursement

/   /

Amount of Each Disbursement this Period

394.08

**B.**

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017235

Date of Disbursement

/   /

Amount of Each Disbursement this Period

989.94

**C.**

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017236

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1630.12

**SUBTOTAL** of Disbursements This Page (optional) .....

3014.14

**TOTAL** This Period (last page this line number only) .....

	21b		22		23		24		25		26
	27		28a		28b		28c	x	29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2997 / 3187

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017240

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

845.95

**B.**

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017241

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

794.36

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017242

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

1035.46

SUBTOTAL of Disbursements This Page (optional) .....

2675.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2998 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017243

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1980.93

**B.**

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017244

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1336.86

**C.**

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017245

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1561.50

**SUBTOTAL** of Disbursements This Page (optional) .....

4879.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2999 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017246

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1019.89

B.

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017247

Date of Disbursement

/   /

Amount of Each Disbursement this Period

900.82

C.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017248

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2135.37

SUBTOTAL of Disbursements This Page (optional) .....

4056.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3000 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017249

Date of Disbursement

/   /

Amount of Each Disbursement this Period

678.49

B.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017250

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1058.72

C.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017251

Date of Disbursement

/   /

Amount of Each Disbursement this Period

661.83

**SUBTOTAL** of Disbursements This Page (optional) .....

2399.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3001 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY RUNK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017252

Date of Disbursement

/   /

Amount of Each Disbursement this Period

757.53

B.

Full Name (Last, First, Middle Initial)

JARROD SCHLENKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017185

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.83

C.

Full Name (Last, First, Middle Initial)

JARROD SCHLENKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017253

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1006.27

**SUBTOTAL** of Disbursements This Page (optional) .....

1787.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3002 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017254

Date of Disbursement

/   /

Amount of Each Disbursement this Period

889.77

B.

Full Name (Last, First, Middle Initial)

ANDREW SERE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017255

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1447.85

C.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

451.31

SUBTOTAL of Disbursements This Page (optional) .....

2788.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3003 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JENNIFER S SHEFFIELD Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB29-0.017257 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2532.48</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MIKE S SHIELDS Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29-0.017258 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3344.35</div>
<b>C.</b> Full Name (Last, First, Middle Initial) KENNETH P SPAIN Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29-0.017259 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2592.38</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**8469.21**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3004 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SAVANNAH R STEELE Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB29-0.017260 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>788.11</div>
<b>B.</b> Full Name (Last, First, Middle Initial) KAYLA SULZER Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29-0.017186 <b>Date of Disbursement</b> <div> <div>11</div> <div>18</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>208.79</div>
<b>C.</b> Full Name (Last, First, Middle Initial) KAYLA SULZER Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29-0.017261 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>673.06</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

1669.96

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3005 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JONATHAN THOMPSON Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB29-0.017262 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>897.27</div>
<b>B.</b> Full Name (Last, First, Middle Initial) HOLLY THURMOND Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB29-0.017263 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>673.07</div>
<b>C.</b> Full Name (Last, First, Middle Initial) ELIZABETH W VERRILL Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB29-0.017267 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement RECOUNT PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3316.41</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4886.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3006 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017268

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1279.90

B.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017269

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2979.04

C.

Full Name (Last, First, Middle Initial)

CAITLIN WOHLFARTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017270

Date of Disbursement

/   /

Amount of Each Disbursement this Period

921.47

**SUBTOTAL** of Disbursements This Page (optional) .....

5180.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3007 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RECOUNT PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017271

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1030.12

B.

Full Name (Last, First, Middle Initial)

BRACEWELL & GIULIANI LLP

Mailing Address 1251 AVENUE OF THE AMERICAS  
49TH FLOOR

City  
NEW YORK

State  
NY

Zip Code  
10020-1104

Purpose of Disbursement  
RECOUNT LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016850

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City  
ANNAPOLIS

State  
MD

Zip Code  
21411

Purpose of Disbursement  
RECOUNT PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017274

Date of Disbursement

/   /

Amount of Each Disbursement this Period

330.81

SUBTOTAL of Disbursements This Page (optional) .....

2360.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3008 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
RECOUNT PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017272

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4841.09

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
RECOUNT PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017273

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.25

C.

Full Name (Last, First, Middle Initial)

GAMMAGE AND BURNHAM

Mailing Address 2 NORTH CENTRAL AVE  
15TH FLOOR

City  
PHOENIX

State  
AZ

Zip Code  
85004-4470

Purpose of Disbursement  
RECOUNT LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.016873

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

5915.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3009 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MAGELLAN DATA AND MAPPING

Mailing Address 1685 BOXELDER ST  
STE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement  
RECOUNT LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.016851

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 29 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City LOS ANGELES State CA Zip Code 90099-9208

Purpose of Disbursement  
RECOUNT RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017277

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
11 19 2010

Amount of Each Disbursement this Period

11491.00

**C.**

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
RECOUNT PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29-0.017275

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
11 19 2010

Amount of Each Disbursement this Period

42510.71

**SUBTOTAL** of Disbursements This Page (optional) .....

**55001.71**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3010 / 3187

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City

RICHMOND

State

VA

Zip Code

23212

Purpose of Disbursement

RECOUNT PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB29-0.017276

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3395.89

**B.**

Full Name (Last, First, Middle Initial)

ILLINOIS GOP FEDERAL RECOUNT FUND

Mailing Address PO BOX 78

City

SPRINGFIELD

State

IL

Zip Code

62705

Purpose of Disbursement

TRANSFER-RECOUNT

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

**Transaction ID:** SB29-0.017096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8395.89

**TOTAL** This Period (last page this line number only) .....

222640.31

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 3011 / 3187

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SCHEDC\_1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
WACHOVIA

Election:

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 1753 PINNACLE DRIVE

City MCLEAN

State VA

ZIP Code 22102

Original Amount of Loan

12000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
1 4Y Y Y Y  
2 0 1 0

09/14/2011

0.0000

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

12000000.00

**TOTALS** This Period (last page in this line only) ▶

12000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

 Supplementary for  
 Information found on  
 Page 3012 / 3187  
 of Schedule C

Name of Committee (in Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C00075820</div>	
Back Ref ID: SCHEDC 1			
<b>LENDING INSTITUTION (LENDER)</b> Full Name WACHOVIA	Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000000.00</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00000</div> %	
Mailing Address 1753 PINNACLE DRIVE		Date Incurred or Established <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 14 2010</div>	
City MCLEAN	State VA	Zip Code 22102	Date Due <div style="border: 1px solid black; padding: 2px; display: inline-block;">09/14/2011</div>
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, date originally incurred : <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 30 2008</div>			
B. If line of credit,  Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block;">12000000.00</div>		Total Outstanding balance : <div style="border: 1px solid black; padding: 2px; display: inline-block;">12000000.00</div>	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>CURRENT AND FUTURE ASSETS</u>		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000000.00</div>  Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142.  Date account established: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 02 2008</div>		Location of account WACHOVIA  Address: 1753 PINNACLE DRIVE  City, State, Zip: MCLEAN VA 22102	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. <b>MEMO NOTE ON INTEREST: INTEREST RATE IS LIBOR + 1.75%. SOFTWARE DOES NOT SUPPORT TEXT IN THE FIELD</b>			
G. COMMITTEE TREASURER Typed Name KEITH A. DAVIS Signature _____		DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 19 2010</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name KIMBERLY P. ARMSTRONG Signature _____		DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 19 2010</div>	
Title SR VICE-PRESIDENT			



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3013 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">92552.19</div>	
<div style="display: flex; justify-content: space-between;"> <div>City ALEXANDRIA</div> <div>State VA</div> <div>Zip Code 22314</div> </div>		<b>Transaction ID:</b> SE24-0.019278 Office Sought: <input checked="" type="checkbox"/> House State: <u>TN</u> <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
532940.67			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">180422.65</div>	
<div style="display: flex; justify-content: space-between;"> <div>City ALEXANDRIA</div> <div>State VA</div> <div>Zip Code 22314</div> </div>		<b>Transaction ID:</b> SE24-0.019277 Office Sought: <input checked="" type="checkbox"/> House State: <u>VA</u> <input type="checkbox"/> Senate District: <u>09</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: FREDERICK C BOUCHER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
814117.53			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		272974.84	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3014 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 183804.33	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019276	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARON PAUL HILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 851111.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 192795.31	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019274	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER P CARNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 749907.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		376599.64	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3015 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 152950.41	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019188	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHILIP G HARE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 896108.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 137299.29	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019187	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 852694.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		290249.70	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3016 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 163558.08	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019186	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. OLIVERIO, II		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 722606.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 280604.04	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019185	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DENNIS HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1245269.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		444162.12	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3017 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 154146.23	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019184	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1006200.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 114530.79	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019183	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GLENN CARLYLE NYE, III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 424659.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		268677.02	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3018 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">223731.35</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019182	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CIRO D RODRIGUEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
511542.48			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">72011.95</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019181	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHET EDWARDS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
401438.60			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		295743.30	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3019 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 130368.12	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019180	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ROY BRASFIELD HERRON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 766189.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 79116.05	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019179	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN L KAGEN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 410601.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		209484.17	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3020 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">195123.30</div>	
<div style="display: flex; justify-content: space-between;"> <div>City ALEXANDRIA</div> <div>State VA</div> <div>Zip Code 22314</div> </div>		<b>Transaction ID:</b> SE24-0.019178 Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: STEPHANIE M HERSETH SANDLIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
726769.70			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">179513.69</div>	
<div style="display: flex; justify-content: space-between;"> <div>City ALEXANDRIA</div> <div>State VA</div> <div>Zip Code 22314</div> </div>		<b>Transaction ID:</b> SE24-0.019177 Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MCKEE SPRATT, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
1007843.19			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		374636.99	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3021 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 42223.21	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019165	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MIKE MCINTYRE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
390403.02			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 47465.23	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019164	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. ARCURI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
438320.54			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		89688.44	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3022 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 171610.89	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019163	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 777925.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 159044.10	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019162	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY TEAGUE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 549773.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		330654.99	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3023 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 144694.65	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019161	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN HEINRICH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 549013.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 323492.64	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019159	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CAROL SHEA-PORTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1025398.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		468187.29	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3024 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		<b>Transaction ID:</b> SE24-0.019158 Office Sought: <input checked="" type="checkbox"/> House State: <u>NJ</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> Presidential Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010		
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC				Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
Mailing Address 815 SLATERS LANE				Amount 27996.43
City State Zip Code ALEXANDRIA VA 22314				<b>Transaction ID:</b> SE24-0.019157
Purpose of Expenditure MEDIA				Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: JOHN H ADLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010		
222583.49		379671.71		
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0		
Mailing Address 815 SLATERS LANE		Amount 379671.71		
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019157		
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: DINA TITUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010		
1091498.21		407668.14		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		
(c) <b>TOTAL</b> Independent Expenditures .....		(c) <b>TOTAL</b> Independent Expenditures .....		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0		

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3025 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 247121.91	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019156	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: IKE SKELTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1234362.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 138852.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019155	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GENE TAYLOR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 341817.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		385974.41	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3026 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 128306.68	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019160	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN MCLANE KUSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 424112.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 267813.11	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019154	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TRAVIS W CHILDERS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 883315.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		396119.79	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3027 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 148145.20	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019153	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J WALZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 527312.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 210823.07	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019152	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK HAMILTON SCHAUER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1468368.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		358968.27	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3028 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 207409.40	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019151	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1084651.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 337024.05	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019150	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: FRANK M KRATOVIL, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 839714.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		544433.45	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3029 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">275470.60</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019149	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM RICHARD KEATING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">733820.18</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79336.70</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019148	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: A. B. CHANDLER, III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">588764.28</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">354807.30</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3030 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 66483.09	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019146	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH S DONNELLY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 562969.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 52835.28	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019145	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM G FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 338166.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		119318.37	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3031 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33040.80</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019144	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DEBORAH HALVORSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">237398.24</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">245577.64</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019176	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">545396.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">278618.44</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3032 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 125292.94	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019175	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E. KANJORSKI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 901831.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 37888.37	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019174	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK J MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269965.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		163181.31	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3033 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 45738.21	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019173	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BRYAN ROY LENTZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 337427.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 49163.98	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019172	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KATHLEEN ANN DAHLKEMPER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 446804.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		94902.19	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3034 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 215647.64	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019171	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KURT SCHRADER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 746728.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 520952.02	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019170	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ZACHARY T SPACE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1124970.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		736599.66	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3035 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 397721.47	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019169	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN A BOCCIERI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1262311.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 84843.55	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019167	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A WILSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 337615.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		482565.02	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3036 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 4</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">209253.89</div>	
<div style="display: flex; justify-content: space-between;"> <div>City ALEXANDRIA</div> <div>State VA</div> <div>Zip Code 22314</div> </div>		<b>Transaction ID:</b> SE24-0.019166 Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: EARL R. POMEROY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">992623.58</div>			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 4</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55412.18</div>	
<div style="display: flex; justify-content: space-between;"> <div>City ALEXANDRIA</div> <div>State VA</div> <div>Zip Code 22314</div> </div>		<b>Transaction ID:</b> SE24-0.019143 Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL JOSEPH SEALS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">371211.60</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">264666.07</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3037 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 55240.04	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019142	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JIM MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 392921.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 83722.73	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019141	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SANFORD D BISHOP, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 371153.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		138962.77	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3038 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 190222.80	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019140	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SUZANNE KOSMAS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 588989.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 190125.75	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019139	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALAN MARK GRAYSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 593229.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		380348.55	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3039 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 132873.56	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019138	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN F. BOYD, JR.		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 698576.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 388394.42	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019137	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BETSY MARKEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 840396.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		521267.98	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3040 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 4</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">273460.25</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019136	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN TONY SALAZAR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">763073.31</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 4</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">49495.90</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019135	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JERRY MCNERNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">357841.92</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">322956.15</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3041 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 353218.80	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019134	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY E. MITCHELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1145282.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 248698.21	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019133	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1310874.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		601917.01	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3042 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">232807.91</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019132	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHAD CAUSEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">842212.55</div>	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">185814.70</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019131	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1059422.59</div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">418622.61</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3043 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">176129.30</div>	
City: ALEXANDRIA      State: VA      Zip Code: 22314		<b>Transaction ID:</b> SE24-0.019130	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House      State: TN <input type="checkbox"/> Senate      District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">532940.67</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee AMERICAN VIEWPOINT INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 300 N LEE ST STE 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>	
City: ALEXANDRIA      State: VA      Zip Code: 22314		<b>Transaction ID:</b> SE24-0.019444	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House      State: PA <input type="checkbox"/> Senate      District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER P CARNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">749907.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">187629.30</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3044 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16560.00</div>	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019388	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TRAVIS W CHILDERS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">883315.28</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19878.00</div>	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019407	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHET EDWARDS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">401438.60</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">36438.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 2</div> <div style="text-align: center;">D D 0 2</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3045 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3417.00</div>	
City State Zip Code AUSTIN TX 78746		<b>Transaction ID:</b> SE24-0.019408	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHET EDWARDS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">401438.60</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18685.00</div>	
City State Zip Code AUSTIN TX 78746		<b>Transaction ID:</b> SE24-0.019410	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CIRO D RODRIGUEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">511542.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">22102.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3046 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 5524 BEE CAVES RD STE B5		Amount 4000.00	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019412	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CIRO D RODRIGUEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 511542.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 5524 BEE CAVES RD STE B5		Amount 3665.00	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019413	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CIRO D RODRIGUEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 511542.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		7665.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3047 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18578.00</div>	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019416	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. OLIVERIO, II		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">722606.06</div>			
Full Name (Last, First, Middle, Initial) of Payee AMERICAN VIEWPOINT INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 300 N LEE ST STE 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019383	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J WALZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">527312.23</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">30078.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3048 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AMERICAN VIEWPOINT INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 300 N LEE ST STE 400		Amount 15000.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019400	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARK CRITZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 545396.48		2010	
Full Name (Last, First, Middle, Initial) of Payee AMERICAN VIEWPOINT INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 300 N LEE ST STE 400		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019414	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DENNIS HECK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1245269.79		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		26500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3049 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 112 N ALFRED ST		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019369	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: IKE SKELTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1234362.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 112 N ALFRED ST		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019381	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JIM MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 392921.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		23000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3050 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 15 / 2010</div> </div>	
Mailing Address 112 N ALFRED ST		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City ALEXANDRIA</div> <div>State VA</div> <div>Zip Code 22314</div> </div>		Transaction ID: SE24-0.019418	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GLENN CARLYLE NYE, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">424659.57</div>	

  

Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 15 / 2010</div> </div>	
Mailing Address 112 N ALFRED ST		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City ALEXANDRIA</div> <div>State VA</div> <div>Zip Code 22314</div> </div>		Transaction ID: SE24-0.019439	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SANFORD D BISHOP, JR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">371153.39</div>	

  

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">30000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A Davis

Signature

Date

MM / DD / YY

12 / 02 / 2010

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3051 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 112 N ALFRED ST		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019447	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GENE TAYLOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">341817.09</div>			
Full Name (Last, First, Middle, Initial) of Payee BASELICE AND ASSOCIATES INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 4131 SPICEWOOD SPRINGS RD STE O-2		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10500.00</div>	
City State Zip Code AUSTIN TX 78759		Transaction ID: SE24-0.019387	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TRAVIS W CHILDERS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">883315.28</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">25500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3052 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 3299 K ST NW SUITE 200		Amount 19824.00	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019368	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: IKE SKELTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1234362.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 3299 K ST NW SUITE 200		Amount 19842.00	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019384	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J WALZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 527312.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		39666.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3053 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 3299 K ST NW SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19987.00</div>	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019391	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DINA TITUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1091498.21</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 3299 K ST NW SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19742.00</div>	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019426	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">777925.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">39729.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3054 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee FABRIZIO MCLAUGHLIN AND ASSOCIATES INC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 915 KING ST 2ND FL		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019393	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: KATHLEEN ANN DAHLKEMPER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 446804.92		2010	
Full Name (Last, First, Middle, Initial) of Payee GREENER AND HOOK LLC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 2101 WILSON BLVD STE 402		Amount 17728.35	
City State Zip Code ARLINGTON VA 22201		Transaction ID: SE24-0.019373	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN A BOCCIERI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1262311.08		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		29228.35	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3055 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee HILL RESEARCH CONSULTANTS		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address PO BOX 3290		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11500.00</div>	
City State Zip Code AUBURN AL 36831		Transaction ID: SE24-0.019405	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEPHANIE M HERSETH SANDLIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">726769.70</div>			
Full Name (Last, First, Middle, Initial) of Payee HILL RESEARCH CONSULTANTS		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address PO BOX 3290		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11500.00</div>	
City State Zip Code AUBURN AL 36831		Transaction ID: SE24-0.019409	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHET EDWARDS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">401438.60</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		23000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3056 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee HILL RESEARCH CONSULTANTS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address PO BOX 3290		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>	
City State Zip Code AUBURN AL 36831		Transaction ID: SE24-0.019411	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CIRO D RODRIGUEZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">511542.48</div>			
Full Name (Last, First, Middle, Initial) of Payee JAMESTOWN ASSOCIATES		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5 MAPLETON RD STE 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16910.00</div>	
City State Zip Code PRINCETON NJ 08540		Transaction ID: SE24-0.019431	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">852694.10</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">31910.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3057 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MCCARTHY MARCUS HENNINGS, LTD.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 1850 M ST NW STE 235		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18912.00</div>	
City: WASHINGTON      State: DC      Zip Code: 20036		<b>Transaction ID:</b> SE24-0.019419	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House      State: VA <input type="checkbox"/> Senate      District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GLENN CARLYLE NYE, III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">424659.57</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee MCCARTHY MARCUS HENNINGS, LTD.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 1850 M ST NW STE 235		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19345.00</div>	
City: WASHINGTON      State: DC      Zip Code: 20036		<b>Transaction ID:</b> SE24-0.019420	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House      State: NM <input type="checkbox"/> Senate      District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY TEAGUE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">549773.46</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">38257.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3058 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MCCARTHY MARCUS HENNINGS, LTD.		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1850 M ST NW STE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">19409.00</div>	
City State Zip Code WASHINGTON DC 20036		<b>Transaction ID:</b> SE24-0.019424	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: FRANK M KRATOVIL, JR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">839714.82</div>			
Full Name (Last, First, Middle, Initial) of Payee MCLAUGHLIN AND ASSOCIATES INC		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 566 S RT 303		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">11500.00</div>	
City State Zip Code BLAUVELT NY 10913		<b>Transaction ID:</b> SE24-0.019370	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1059422.59</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">30909.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 2</div> <div style="text-align: center;">D D 0 2</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3059 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MCLAUGHLIN AND ASSOCIATES INC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 566 S RT 303		Amount 11500.00	
City State Zip Code BLAUVELT NY 10913		Transaction ID: SE24-0.019449	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1006200.34		2010	
Full Name (Last, First, Middle, Initial) of Payee MH MEDIA LLC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 7801 NORFOLK AVENUE SUITE T3		Amount 21782.92	
City State Zip Code BETHESDA MD 20814		Transaction ID: SE24-0.019425	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. ARCURI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 438320.54		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		33282.92	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3060 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NMB RESEARCH LLC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 214 N FAYETTE ST		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019427	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 777925.03		2010	
Full Name (Last, First, Middle, Initial) of Payee NMB RESEARCH LLC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 214 N FAYETTE ST		Amount 15000.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019429	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM RICHARD KEATING		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 733820.18		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		26500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3061 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NMB RESEARCH LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 214 N FAYETTE ST		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1452.98</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019430 Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
852694.10			
Full Name (Last, First, Middle, Initial) of Payee OLD SCHOOL PRODUCTIONS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 1209 KINSDALE DR		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4000.00</div>	
City RALEIGH State NC Zip Code 27615		<b>Transaction ID:</b> SE24-0.019375 Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
532940.67			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5452.98	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3062 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee OLD SCHOOL PRODUCTIONS		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 1209 KINSDALE DR		Amount 17600.00	
City State Zip Code RALEIGH NC 27615		Transaction ID: SE24-0.019376	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 532940.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee OLD SCHOOL PRODUCTIONS		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 1209 KINSDALE DR		Amount 3183.14	
City State Zip Code RALEIGH NC 27615		Transaction ID: SE24-0.019377	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 532940.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		20783.14	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3063 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15000.00</div>	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019374	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">532940.67</div>			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">19000.00</div>	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019380	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BETSY MARKEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">840396.20</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">34000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 2</div> <div style="text-align: center;">D D 0 2</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3064 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 20500.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019385	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ALAN MARK GRAYSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 593229.86		2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 19300.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019401	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MCKEE SPRATT, JR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1007843.19		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		39800.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3065 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11500.00</div>	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019417	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. OLIVERIO, II		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">722606.06</div>			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11500.00</div>	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019421	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HARRY TEAGUE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">549773.46</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		23000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 2</div> <div style="text-align: center;">D D 0 2</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3066 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11500.00</div>	
City State Zip Code CROFTON MD 21114		<b>Transaction ID:</b> SE24-0.019422	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type			
Name of Federal Candidate supported or Opposed by expenditure: STEVEN L KAGEN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 410601.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19065.00</div>	
City State Zip Code CROFTON MD 21114		<b>Transaction ID:</b> SE24-0.019428	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type			
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM RICHARD KEATING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 733820.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		30565.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3067 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">4000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City CROFTON</div> <div>State MD</div> <div>Zip Code 21114</div> </div>		<b>Transaction ID:</b> SE24-0.019437	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House      State: <u>GA</u> <input type="checkbox"/> Senate      District: <u>02</u> <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SANFORD D BISHOP, JR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">371153.39</div>			

  

Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">19280.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City CROFTON</div> <div>State MD</div> <div>Zip Code 21114</div> </div>		<b>Transaction ID:</b> SE24-0.019440	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House      State: <u>KY</u> <input type="checkbox"/> Senate      District: <u>06</u> <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: A. B. CHANDLER, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">588764.28</div>			

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">23280.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A Davis

Signature

Date

M M  
1 2

D D  
0 2

Y Y Y Y  
2 0 1 0

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3068 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 11500.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019441	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARON PAUL HILL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 851111.58		2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 4000.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019445	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GENE TAYLOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 341817.09		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		15500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3069 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 18300.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019446	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GENE TAYLOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 341817.09		2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 19017.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019450	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1006200.34		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		37317.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3070 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 3900 WILLOW ST STE 200		Amount 19900.00	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019371	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1059422.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 3900 WILLOW ST STE 200		Amount 16897.50	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019382	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JIM MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 392921.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		36797.50	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3071 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 3900 WILLOW ST STE 200		Amount 15875.00	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019432	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SUZANNE KOSMAS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 588989.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 3900 WILLOW ST STE 200		Amount 15775.00	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019433	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH S DONNELLY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 562969.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		31650.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3072 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18155.00</div>	
City State Zip Code DALLAS TX 75226		<b>Transaction ID:</b> SE24-0.019442	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARON PAUL HILL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">851111.58</div>			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15075.00</div>	
City State Zip Code DALLAS TX 75226		<b>Transaction ID:</b> SE24-0.019443	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER P CARNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">749907.30</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33230.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3073 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 3900 WILLOW ST STE 200		Amount 15185.00	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019448	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CAROL SHEA-PORTER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1025398.03		2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 17000.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019438	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SANFORD D BISHOP, JR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 371153.39		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		32185.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3074 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RISING TIDE MEDIA GROUP LLC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 226 S FAYETTE		Amount 18080.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019390	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN HEINRICH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 549013.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SANDLER-INNOCENZI INC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 705 PRINCE ST		Amount 4000.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019394	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 545396.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		22080.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3075 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SANDLER-INNOCENZI INC		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 705 PRINCE ST		Amount 18450.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019399	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 545396.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 201 N UNION ST. SUITE 200		Amount 18944.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019378	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY E. MITCHELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1145282.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		37394.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3076 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 201 N UNION ST. SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18636.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019386	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN F. BOYD, JR.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">698576.56</div>			
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 1 5</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 201 N UNION ST. SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18672.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019392	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: KATHLEEN ANN DAHLKEMPER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">446804.92</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">37308.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 2</div> <div style="text-align: center;">D D 0 2</div> <div style="text-align: center;">Y Y Y Y 2 0 1 0</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3077 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

  

Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 201 N UNION ST. SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17667.00</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019415 Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: DENNIS HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
1245269.79			

  

Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 201 N UNION ST. SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18617.00</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019423 Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN L KAGEN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
410601.65			

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">36284.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

  

Keith A Davis

Signature

Date

M M  
1 2

D D  
0 2

Y Y Y Y  
2 0 1 0

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3078 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 201 N UNION ST. SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19447.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019436	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: STEPHANIE M HERSETH SANDLIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">726769.70</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 201 N UNION ST. SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14946.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019451	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KURT SCHRADER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">746728.79</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">34393.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3079 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 201 N UNION ST. SUITE 200		Amount 13449.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019452	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KURT SCHRADER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 746728.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee THE TARRANCE GROUP		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 201 N UNION ST STE 410		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019372	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN A BOCCIERI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1262311.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		24949.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3080 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE TARRANCE GROUP		Date MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 201 N UNION ST STE 410		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019379	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HARRY E. MITCHELL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1145282.64		2010	
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date MM / DD / YYYY 10 / 16 / 2010	
Mailing Address 3900 WILLOW ST STE 200		Amount 17105.00	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019457	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ZACHARY T SPACE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1124970.20		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		28605.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3081 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18670.00</div>	
City DALLAS State TX Zip Code 75226		Transaction ID: SE24-0.019458	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ZACHARY T SPACE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1124970.20</div>			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4767.00</div>	
City CROFTON State MD Zip Code 21114		Transaction ID: SE24-0.019455	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">337615.55</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">23437.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3082 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 19100.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019460	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: EARL R. POMEROY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 992623.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0	
Mailing Address 3299 K ST NW SUITE 200		Amount 4000.00	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019461	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 342030.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		23100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3083 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 3299 K ST NW SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20312.00</div>	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019462	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">342030.85</div>			
Full Name (Last, First, Middle, Initial) of Payee BASELICE AND ASSOCIATES INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 4131 SPICEWOOD SPRINGS RD STE O-2		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>	
City State Zip Code AUSTIN TX 78759		Transaction ID: SE24-0.019459	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: EARL R. POMEROY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">992623.58</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">31812.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3084 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0	
Mailing Address 112 N ALFRED ST		Amount 15000.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019456	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A WILSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 337615.55		2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 97166.73	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019463	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 342030.85		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		112166.73	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3085 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 112 N ALFRED ST		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019475	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: FREDERICK C BOUCHER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 814117.53		2010	
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 5524 BEE CAVES RD STE B5		Amount 3137.00	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019476	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: FREDERICK C BOUCHER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 814117.53		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		14637.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3086 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 5524 BEE CAVES RD STE B5		Amount 17759.00	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019477	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: FREDERICK C BOUCHER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 814117.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 5524 BEE CAVES RD STE B5		Amount 2420.00	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019478	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CIRO D RODRIGUEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 511542.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		20179.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3087 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee HILL RESEARCH CONSULTANTS		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address PO BOX 3290		Amount 11500.00	
City State Zip Code AUBURN AL 36831		<b>Transaction ID:</b> SE24-0.019481	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1084651.42		2010	
Full Name (Last, First, Middle, Initial) of Payee MH MEDIA LLC		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 7801 NORFOLK AVENUE SUITE T3		Amount 21360.18	
City State Zip Code BETHESDA MD 20814		<b>Transaction ID:</b> SE24-0.019480	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1084651.42		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		32860.18	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3088 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee JAMESTOWN ASSOCIATES		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 5 MAPLETON RD STE 300		Amount 3700.00	
City State Zip Code PRINCETON NJ 08540		Transaction ID: SE24-0.019479	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 852694.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee JAMESTOWN ASSOCIATES		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 5 MAPLETON RD STE 300		Amount 3760.00	
City State Zip Code PRINCETON NJ 08540		Transaction ID: SE24-0.019483	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN TONY SALAZAR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 763073.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		7460.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3089 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 19</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5237.60</div>	
City: ALEXANDRIA      State: VA      Zip Code: 22314		<b>Transaction ID:</b> SE24-0.019482	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House      State: CO <input type="checkbox"/> Senate      District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN TONY SALAZAR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">763073.31</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee OLD SCHOOL PRODUCTIONS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 1209 KINSDALE DR		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">178.29</div>	
City: RALEIGH      State: NC      Zip Code: 27615		<b>Transaction ID:</b> SE24-0.019514	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House      State: TN <input type="checkbox"/> Senate      District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">532940.67</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">5415.89</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3090 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee OLD SCHOOL PRODUCTIONS		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
Mailing Address 1209 KINSDALE DR		Amount 17510.00	
City State Zip Code RALEIGH NC 27615		Transaction ID: SE24-0.019515	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 532940.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
Mailing Address 201 N UNION ST. SUITE 200		Amount 16545.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019513	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY E. MITCHELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1145282.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		34055.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3091 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RISING TIDE MEDIA GROUP LLC		Date MM / DD / YYYY 10 / 20 / 2010	
Mailing Address 226 S FAYETTE		Amount 17212.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019509	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN HEINRICH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 549013.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee JAMESTOWN ASSOCIATES		Date MM / DD / YYYY 10 / 20 / 2010	
Mailing Address 5 MAPLETON RD STE 300		Amount 18450.00	
City State Zip Code PRINCETON NJ 08540		Transaction ID: SE24-0.019510	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN TONY SALAZAR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 763073.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		35662.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3092 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CRAFT MEDIA DIGITAL		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
Mailing Address 706 7TH ST SE		Amount 17410.00	
City State Zip Code WASHINGTON DC 20003		Transaction ID: SE24-0.019511	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHILIP G HARE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 896108.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee CRAFT MEDIA DIGITAL		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
Mailing Address 706 7TH ST SE		Amount 11500.00	
City State Zip Code WASHINGTON DC 20003		Transaction ID: SE24-0.019512	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHILIP G HARE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 896108.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		28910.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3093 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AMERICAN VIEWPOINT INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 300 N LEE ST STE 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019559	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E. KANJORSKI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">901831.32</div>			
Full Name (Last, First, Middle, Initial) of Payee JAMESTOWN ASSOCIATES		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5 MAPLETON RD STE 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18150.00</div>	
City State Zip Code PRINCETON NJ 08540		Transaction ID: SE24-0.019558	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E. KANJORSKI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">901831.32</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">29650.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3094 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 15800.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019560	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A WILSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 337615.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 97192.31	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019657	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 342030.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		112992.31	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3095 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">226455.20</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019710	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PAUL ANTHONY GOSAR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
1310874.40			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">226455.19</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019709	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
1310874.40			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		452910.39	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3096 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 20000.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019708	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTHA ROBY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1059422.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 198430.14	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019707	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1059422.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		218430.14	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3097 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 176976.98	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019706	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 218531.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 332475.00	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019705	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN A BOCCIERI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1262311.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		509451.98	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3098 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 53453.03	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019704	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM G FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 338166.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 408266.56	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019703	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHILIP G HARE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 896108.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		461719.59	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3099 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">61801.48</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019702	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH S DONNELLY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">562969.31</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">183476.97</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019701	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARON PAUL HILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">851111.58</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">245278.45</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3100 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 275072.60	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019700	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM RICHARD KEATING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 733820.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 337361.11	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019699	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: FRANK M KRATOVIL, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 839714.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		612433.71	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3101 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 211640.99	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019698	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1084651.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 209532.31	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019697	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK HAMILTON SCHAUER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1468368.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		421173.30	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3102 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 140568.94	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019696	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J WALZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 527312.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 246798.88	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019695	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: IKE SKELTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1234362.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		387367.82	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3103 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 55875.44	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019658	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JIM MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 392921.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 55412.18	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019656	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL JOSEPH SEALS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 371211.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		111287.62	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3104 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33040.80</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019655	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DEBORAH HALVORSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">237398.24</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee RISING TIDE MEDIA GROUP LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 226 S FAYETTE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18351.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019718	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN HEINRICH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">549013.27</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">51391.80</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3105 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SANDLER-INNOCENZI INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 705 PRINCE ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14546.34</div>	
City: ALEXANDRIA      State: VA      Zip Code: 22314		<b>Transaction ID:</b> SE24-0.019740	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House      State: PA <input type="checkbox"/> Senate      District: 12 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">545396.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 201 N UNION ST. SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17454.00</div>	
City: ALEXANDRIA      State: VA      Zip Code: 22314		<b>Transaction ID:</b> SE24-0.019715	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House      State: FL <input type="checkbox"/> Senate      District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN F. BOYD, JR.		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">698576.56</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">32000.34</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3106 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 201 N UNION ST. SUITE 200		Amount 17462.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019716	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN L KAGEN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 410601.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 12500.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019713	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. ARCURI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 438320.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		29962.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3107 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19300.00</div>	
City State Zip Code CROFTON MD 21114		<b>Transaction ID:</b> SE24-0.019722	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SANFORD D BISHOP, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">371153.39</div>			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23631.50</div>	
City State Zip Code CROFTON MD 21114		<b>Transaction ID:</b> SE24-0.019726	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>VA</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1006200.34</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">42931.50</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3108 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 13300.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019732	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK HAMILTON SCHAUER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1468368.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 11500.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019737	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: FRANK M KRATOVIL, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 839714.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		24800.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3109 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19200.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City CROFTON</div> <div>State MD</div> <div>Zip Code 21114</div> </div>		<b>Transaction ID:</b> SE24-0.019728 Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MCKEE SPRATT, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1007843.19</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City CROFTON</div> <div>State MD</div> <div>Zip Code 21114</div> </div>		<b>Transaction ID:</b> SE24-0.019724 Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">342030.85</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">34200.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3110 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17334.17</div>	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019721	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MARSHALL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">392921.61</div>			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19549.00</div>	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019733	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">1059422.59</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">36883.17</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3111 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 3900 WILLOW ST STE 200		Amount 17579.17	
City State Zip Code DALLAS TX 75226		<b>Transaction ID:</b> SE24-0.019741	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ZACHARY T SPACE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1124970.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 3900 WILLOW ST STE 200		Amount 17160.00	
City State Zip Code DALLAS TX 75226		<b>Transaction ID:</b> SE24-0.019744	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARON PAUL HILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 851111.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		34739.17	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3112 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17510.00</div>	
City State Zip Code DALLAS TX 75226		<b>Transaction ID:</b> SE24-0.019745	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH S DONNELLY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">562969.31</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee MCCARTHY MARCUS HENNINGS, LTD.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 1850 M ST NW STE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19111.00</div>	
City State Zip Code WASHINGTON DC 20036		<b>Transaction ID:</b> SE24-0.019720	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GLENN CARLYLE NYE, III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">424659.57</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">36621.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3113 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MCCARTHY MARCUS HENNINGS, LTD.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 1850 M ST NW STE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18877.00</div>	
City State Zip Code WASHINGTON DC 20036		<b>Transaction ID:</b> SE24-0.019738	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: FRANK M KRATOVIL, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">839714.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee MCCARTHY MARCUS HENNINGS, LTD.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 1850 M ST NW STE 235		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18912.00</div>	
City State Zip Code WASHINGTON DC 20036		<b>Transaction ID:</b> SE24-0.019739	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MIKE MCINTYRE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">390403.02</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">37789.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3114 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MCCARTHY MARCUS HENNINGS, LTD.		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 1850 M ST NW STE 235		Amount 19021.00	
City State Zip Code WASHINGTON DC 20036		Transaction ID: SE24-0.019742	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY TEAGUE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 549773.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee MCLAUGHLIN AND ASSOCIATES INC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 566 S RT 303		Amount 11500.00	
City State Zip Code BLAUVELT NY 10913		Transaction ID: SE24-0.019725	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1006200.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		30521.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3115 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MCLAUGHLIN AND ASSOCIATES INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 566 S RT 303		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10500.00</div>	
City State Zip Code BLAUVELT NY 10913		Transaction ID: SE24-0.019734	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1059422.59</div>			
Full Name (Last, First, Middle, Initial) of Payee HILL RESEARCH CONSULTANTS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address PO BOX 3290		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>	
City State Zip Code AUBURN AL 36831		Transaction ID: SE24-0.019731	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARK HAMILTON SCHAUER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1468368.98</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">22000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3116 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 3299 K ST NW SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19875.00</div>	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019717	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 3299 K ST NW SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19672.00</div>	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019723	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		39547.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3117 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 3299 K ST NW SUITE 200		Amount 19449.00	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019730	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: IKE SKELTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1234362.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 3299 K ST NW SUITE 200		Amount 19682.00	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019743	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY J WALZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 527312.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		39131.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3118 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20566.00</div>	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019712	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHAD CAUSEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">842212.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20098.00</div>	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019719	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CIRO D RODRIGUEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">511542.48</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">40664.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3119 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16445.00</div>	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019735	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. OLIVERIO, II		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">722606.06</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

  

Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2949.00</div>	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019736	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. OLIVERIO, II		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">722606.06</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">19394.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A Davis

Signature

Date

M M  
1 2

D D  
0 2

Y Y Y Y  
2 0 1 0

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3120 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 112 N ALFRED ST		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019727	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MCKEE SPRATT, JR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1007843.19</div>			
Full Name (Last, First, Middle, Initial) of Payee AYRES MCHENRY AND ASSOCIATES		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 112 N ALFRED ST		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11000.00</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019729	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: IKE SKELTON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1234362.16</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">22500.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3121 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 196499.99	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019694	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TRAVIS W CHILDERS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 883315.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 138007.95	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019693	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GENE TAYLOR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 341817.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		334507.94	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3122 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">54409.38</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019692	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MIKE MCINTYRE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
390403.02			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">149844.38</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019691	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: EARL R. POMEROY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
992623.58			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		204253.76	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3123 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 322366.63	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019690	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CAROL SHEA-PORTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1025398.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 130331.25	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019689	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN MCLANE KUSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 424112.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		452697.88	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3124 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

  

Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">43620.50</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019688	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN H ADLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">222583.49</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

  

Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">140446.25</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019687	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN HEINRICH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">549013.27</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">184066.75</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A Davis

Signature

Date

M M  
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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3125 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">155936.25</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019686	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY TEAGUE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">549773.46</div>			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">156965.00</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019685	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">777925.03</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">312901.25</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3126 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 189817.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019684	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. OLIVERIO, II		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 722606.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 223943.13	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019683	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CIRO D RODRIGUEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 511542.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		413760.63	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3127 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 71238.13	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019682	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. ARCURI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 438320.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 117585.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019681	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A WILSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 337615.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		188823.13	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3128 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">297976.88</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019680 Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: ZACHARY T SPACE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">1124970.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">101535.00</div>	
City ALEXANDRIA State VA Zip Code 22314		<b>Transaction ID:</b> SE24-0.019679 Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: KURT SCHRADER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">746728.79</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">399511.88</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3129 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 71263.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019678	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BRYAN ROY LENTZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 337427.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 815 SLATERS LANE		Amount 43258.25	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019677	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK J MURPHY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 269965.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		114521.75	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3130 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 191115.63	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019676	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER P CARNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 749907.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 126459.38	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019675	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PAUL E. KANJORSKI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 901831.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		317575.01	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3131 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 243340.00	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019674	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 545396.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 271445.88	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019673	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MCKEE SPRATT, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1007843.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		514785.88	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3132 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 151020.63	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019672	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: STEPHANIE M HERSETH SANDLIN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 726769.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 184995.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019671	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 532940.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		336015.63	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3133 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 114028.75	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019670	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GLENN CARLYLE NYE, III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 424659.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 151668.75	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019669	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1006200.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		265697.50	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3134 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 168781.88	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019668	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: FREDERICK C BOUCHER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 814117.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 273074.25	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019667	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DENNIS HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1245269.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		441856.13	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3135 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">136361.25</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019666	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">852694.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">79311.77</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019665	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN L KAGEN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">410601.65</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">215673.02</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3136 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 233493.55	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019664	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHAD CAUSEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 842212.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 303078.68	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019663	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY E. MITCHELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1145282.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		536572.23	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3137 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 49323.81	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019662	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JERRY MCNERNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 357841.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 313605.19	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019661	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN TONY SALAZAR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 763073.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		362929.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3138 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 138146.45	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019660	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN F. BOYD, JR.		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 698576.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 139121.58	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019659	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SANFORD D BISHOP, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 371153.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		277268.03	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3139 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18344.00</div>	
City State Zip Code AUSTIN TX 78746		Transaction ID: SE24-0.019749	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: FREDERICK C BOUCHER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">814117.53</div>		2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19282.50</div>	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019750	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: EARL R. POMEROY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">992623.58</div>		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">37626.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3140 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee OLD SCHOOL PRODUCTIONS		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 3</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1209 KINSDALE DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18140.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City RALEIGH</div> <div>State NC</div> <div>Zip Code 27615</div> </div>		<b>Transaction ID:</b> SE24-0.019748 Office Sought: <input checked="" type="checkbox"/> House State: <u>TN</u> <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
532940.67			
Full Name (Last, First, Middle, Initial) of Payee OLD SCHOOL PRODUCTIONS		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1209 KINSDALE DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3652.75</div>	
<div style="display: flex; justify-content: space-between;"> <div>City RALEIGH</div> <div>State NC</div> <div>Zip Code 27615</div> </div>		<b>Transaction ID:</b> SE24-0.019779 Office Sought: <input checked="" type="checkbox"/> House State: <u>TN</u> <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: LINCOLN EDWARD DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
532940.67			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		21792.75	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3141 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 815 SLATERS LANE		Amount 8907.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019778	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHELLIE M PINGREE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15595.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 3900 WILLOW ST STE 200		Amount 17927.50	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019755	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1059422.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		26835.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3142 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 3900 WILLOW ST STE 200		Amount 2475.00	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019756	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1059422.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
Mailing Address 3900 WILLOW ST STE 200		Amount 2475.00	
City State Zip Code DALLAS TX 75226		Transaction ID: SE24-0.019757	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTHA ROBY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1059422.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		4950.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3143 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 6</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17320.00</div>	
City State Zip Code DALLAS TX 75226		<b>Transaction ID:</b> SE24-0.019772	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHRISTOPHER P CARNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">749907.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 6</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18072.50</div>	
City State Zip Code DALLAS TX 75226		<b>Transaction ID:</b> SE24-0.019774	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">218531.98</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">35392.50</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3144 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SCOTT HOWELL AND COMPANY LP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 3900 WILLOW ST STE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4000.00</div>	
City DALLAS State TX Zip Code 75226		Transaction ID: SE24-0.019775	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">218531.98</div>			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18825.25</div>	
City CROFTON State MD Zip Code 21114		Transaction ID: SE24-0.019764	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GENE TAYLOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">341817.09</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">22825.25</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3145 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13900.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City CROFTON</div> <div>State MD</div> <div>Zip Code 21114</div> </div>		<b>Transaction ID:</b> SE24-0.019771	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>KY</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: A. B. CHANDLER, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">588764.28</div> 2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City CROFTON</div> <div>State MD</div> <div>Zip Code 21114</div> </div>		<b>Transaction ID:</b> SE24-0.019773	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>23</u> <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">218531.98</div> 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">28900.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3146 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 201 N UNION ST. SUITE 200		Amount 18644.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019766	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DENNIS HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1245269.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee THE TARRANCE GROUP		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 201 N UNION ST STE 410		Amount 5750.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019760	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1310874.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		24394.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3147 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE TARRANCE GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 201 N UNION ST STE 410		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5750.00</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019761	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PAUL ANTHONY GOSAR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1310874.40</div>		2010	
Full Name (Last, First, Middle, Initial) of Payee ANTHEM MEDIA INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20063.00</div>	
City State Zip Code AUSTIN TX 78746		<b>Transaction ID:</b> SE24-0.019763	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>MS</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TRAVIS W CHILDERS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">883315.28</div>		2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">25813.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3148 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CRAFT MEDIA DIGITAL		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 706 7TH ST SE		Amount 9125.00	
City State Zip Code WASHINGTON DC 20003		Transaction ID: SE24-0.019758	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1310874.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee CRAFT MEDIA DIGITAL		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 706 7TH ST SE		Amount 9125.00	
City State Zip Code WASHINGTON DC 20003		Transaction ID: SE24-0.019759	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PAUL ANTHONY GOSAR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1310874.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		18250.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date MM / DD / YYYY 12 / 02 / 2010	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3149 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CRAFT MEDIA DIGITAL		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 6</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 706 7TH ST SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6688.40</div>	
City State Zip Code WASHINGTON DC 20003		Transaction ID: SE24-0.019777	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHELLIE M PINGREE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">15595.90</div>			
Full Name (Last, First, Middle, Initial) of Payee BASELICE AND ASSOCIATES INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 6</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 4131 SPICEWOOD SPRINGS RD STE O-2		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11500.00</div>	
City State Zip Code AUSTIN TX 78759		Transaction ID: SE24-0.019770	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: A. B. CHANDLER, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">588764.28</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">18188.40</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3150 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee GREENER AND HOOK LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 2101 WILSON BLVD STE 402		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15986.38</div>	
City State Zip Code ARLINGTON VA 22201		Transaction ID: SE24-0.019765	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN A BOCCIERI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1262311.08</div>			
Full Name (Last, First, Middle, Initial) of Payee FABRIZIO MCLAUGHLIN AND ASSOCIATES INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 915 KING ST 2ND FL		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019767	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">852694.10</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">27486.38</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3151 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee FABRIZIO MCLAUGHLIN AND ASSOCIATES INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 915 KING ST 2ND FL		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019768	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">852694.10</div>			

  

Full Name (Last, First, Middle, Initial) of Payee JAMESTOWN ASSOCIATES		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5 MAPLETON RD STE 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19500.00</div>	
City State Zip Code PRINCETON NJ 08540		Transaction ID: SE24-0.019769	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">852694.10</div>			

  

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">31000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A Davis

Signature

Date

M M  
1 2

D D  
0 2

Y Y Y Y  
2 0 1 0

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3152 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MH MEDIA LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 7801 NORFOLK AVENUE SUITE T3		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19544.25</div>	
City State Zip Code BETHESDA MD 20814		Transaction ID: SE24-0.019762	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GARY J MCDOWELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1084651.42</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee DMM MEDIA LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 3299 K ST NW SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4500.00</div>	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE24-0.019826	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">342030.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">24044.25</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3153 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 81827.10	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019799	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HARRY E. MITCHELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1145282.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 26419.91	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019798	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1059422.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		108247.01	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3154 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 26550.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019797	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: STEVEN L KAGEN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 410601.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 8850.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019802	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1310874.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		35400.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3155 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 8850.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019803	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PAUL ANTHONY GOSAR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1310874.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 93009.08	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019795	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SANFORD D BISHOP, JR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 371153.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		101859.08	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3156 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 97540.28	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019794	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHILIP G HARE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 896108.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 75230.31	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019793	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 342030.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		172770.59	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3157 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 39838.28	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019792	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: A. B. CHANDLER, III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 588764.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 13275.00	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019791	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM RICHARD KEATING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 733820.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		53113.28	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3158 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19447.88</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019790	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK HAMILTON SCHAUER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1468368.98</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70745.13</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019789	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: IKE SKELTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1234362.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">90193.01</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3159 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4348.89	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019788	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GENE TAYLOR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 341817.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019811	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHILIP G HARE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 896108.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		8831.39	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3160 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019812	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK HAMILTON SCHAUER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1468368.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee THE TARRANCE GROUP		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 201 N UNION ST STE 410		Amount 11500.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019825	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHILIP G HARE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 896108.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		15982.50	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3161 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RISING TIDE MEDIA GROUP LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 226 S FAYETTE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4561.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019829	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN HEINRICH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">549013.27</div>			
Full Name (Last, First, Middle, Initial) of Payee AMERICAN MEDIA & ADVOCACY GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE, STE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44250.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019831	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY BISHOP		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">48409.00</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">48811.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3162 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 4754.50	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019824	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHILIP G HARE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 896108.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 12200.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019827	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: RON KIND		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 182287.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		16954.50	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3163 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City CROFTON</div> <div>State MD</div> <div>Zip Code 21114</div> </div>		<b>Transaction ID:</b> SE24-0.019828 Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: RON KIND		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
182287.38			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4754.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City CROFTON</div> <div>State MD</div> <div>Zip Code 21114</div> </div>		<b>Transaction ID:</b> SE24-0.019830 Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
1310874.40			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		19754.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3164 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 11500.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019832	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: KURT SCHRADER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 746728.79		2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019813	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GENE TAYLOR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 341817.09		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		15982.50	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3165 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019814	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN HEINRICH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 549013.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019816	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 218531.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		8965.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3166 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019817	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. ARCURI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 438320.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019821	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 545396.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		8965.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3167 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019822	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GLENN CARLYLE NYE, III		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 424659.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019815	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: RON KIND		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 182287.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		8965.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3168 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019818	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MIKE MCINTYRE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 390403.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019819	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN A BOCCIERI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1262311.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		8965.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3169 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019820	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ZACHARY T SPACE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1124970.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019823	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1006200.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		8965.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3170 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 132750.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019787	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL A. ARCURI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 438320.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 22125.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019786	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN HEINRICH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 549013.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		154875.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3171 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 5310.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019785	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: CHARLES A WILSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 337615.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 150604.88	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019784	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: RON KIND		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 182287.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		155914.88	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3172 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 9115.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019783	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KURT SCHRADER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 746728.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 177000.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019782	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1006200.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		186115.50	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3173 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13323.68</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019781	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: FREDERICK C BOUCHER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">814117.53</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52878.75</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019780	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JULIE LASSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">852694.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">66202.43</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3174 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4532.50</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019806	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BOBBY NEAL BRIGHT, SR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1059422.59</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4482.50</div>	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019807	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1310874.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">9015.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3175 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 4482.50	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019808	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN TONY SALAZAR		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 763073.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 8957.50	
City State Zip Code ALEXANDRIA VA 22314		<b>Transaction ID:</b> SE24-0.019809	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: COLLEEN WAKAKO HANABUSA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 342030.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		13440.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3176 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 8957.50	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019810	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM RICHARD KEATING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 733820.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 815 SLATERS LANE		Amount 38439.08	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019907	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WALTER CLIFFORD MINNICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48139.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		47396.58	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3177 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NMB RESEARCH LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 214 N FAYETTE ST		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10500.00</div>	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019910	
Purpose of Expenditure SURVEY RESEARCH		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM RICHARD KEATING		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">733820.18</div>			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9700.00</div>	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019908	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WALTER CLIFFORD MINNICK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">48139.08</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">20200.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3178 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 4300.00	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.019911	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM RICHARD KEATING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 733820.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee SRCP MEDIA		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 201 N UNION ST. SUITE 200		Amount 4159.00	
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SE24-0.019909	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY BISHOP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48409.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		8459.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3179 / 3187

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CRAFT MEDIA DIGITAL		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 706 7TH ST SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">-16300.00</div>	
City State Zip Code WASHINGTON DC 20003		<b>Transaction ID:</b> SE24-0.016221	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
1310874.40			
Full Name (Last, First, Middle, Initial) of Payee CRAFT MEDIA DIGITAL		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 04</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 706 7TH ST SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16300.00</div>	
City State Zip Code WASHINGTON DC 20003		<b>Transaction ID:</b> SE24-0.018904	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANN KIRKPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
1310874.40			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">23781647.45</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	

**SCHEDULE F (FECForm 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 3180 / 3187

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Mailing Address 320 1ST ST SE City: WASHINGTON    State: DC    ZIP Code: 20003	

  

Full Name (Last, First, Middle Initial) of Each Payee GREENER AND HOOK LLC				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 2101 WILSON BLVD    STE 402				Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0		Amount 85000.00			
City ARLINGTON		State VA						ZIP Code 22201	
Name of Federal Candidate Supported JESSE KELLY		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: <u>AZ</u> District: <u>08</u>	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016528			

  

Full Name (Last, First, Middle Initial) of Each Payee MERRIMACK AND POTOMAC				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 121 RIVER FRONT DR				Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0		Amount 84987.00			
City MANCHESTER		State NH						ZIP Code 03102	
Name of Federal Candidate Supported CHARLES F BASS		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: <u>NH</u> District: <u>02</u>	
Aggregate General Election Expenditure for this Candidate ▶				84987.00		Transaction ID: SF25-0.016529			

  

Full Name (Last, First, Middle Initial) of Each Payee STRATEGIC MEDIA PLACEMENT				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 7669 STAGERS LOOP				Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0		Amount 85000.00			
City DELAWARE		State OH						ZIP Code 43015	
Name of Federal Candidate Supported STEVE CHABOT		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: <u>OH</u> District: <u>01</u>	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016562			

  

SUBTOTAL of Expenditures This Page (optional) .....		▶		254987.00	
TOTAL This Period (last page this line number only) .....		▶			



**SCHEDULE F (FEC Form 3X)**
**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 3181 / 3187

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Mailing Address 320 1ST ST SE City: WASHINGTON    State: DC    ZIP Code: 20003	

  

Full Name (Last, First, Middle Initial) of Each Payee REVOLUTION MEDIA GROUP				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 1090 VERMONT AVE NW    STE 1230				Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0		Amount 84000.00			
City WASHINGTON		State DC						ZIP Code 20005	
Name of Federal Candidate Supported SAM CALIGUIRI		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: CT    District: 05	
Aggregate General Election Expenditure for this Candidate ▶				84000.00		Transaction ID: SF25-0.016563			

  

Full Name (Last, First, Middle Initial) of Each Payee MCLAUGHLIN AND ASSOCIATES INC				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 566 S RT 303				Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0		Amount 84895.00			
City BLAUVELT		State NY						ZIP Code 10913	
Name of Federal Candidate Supported JON RUNYAN		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: NJ    District: 03	
Aggregate General Election Expenditure for this Candidate ▶				84895.00		Transaction ID: SF25-0.016564			

  

Full Name (Last, First, Middle Initial) of Each Payee WF OF R MEDIA				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 411 BRANCHWAY RD				Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0		Amount 83500.00			
City RICHMOND		State VA						ZIP Code 23236	
Name of Federal Candidate Supported ILARIO GREGORY PANTANO		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: NC    District: 07	
Aggregate General Election Expenditure for this Candidate ▶				83500.00		Transaction ID: SF25-0.016566			

  

SUBTOTAL of Expenditures This Page (optional) .....				252395.00			
TOTAL This Period (last page this line number only) .....							

**SCHEDULE F (FECForm 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 3182 / 3187

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Mailing Address 320 1ST ST SE	
		City WASHINGTON	State DC      ZIP Code 20003

  

Full Name (Last, First, Middle Initial) of Each Payee GREENER AND HOOK LLC				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 2101 WILSON BLVD      STE 402				Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0		Amount 85000.00			
City ARLINGTON		State VA						ZIP Code 22201	
Name of Federal Candidate Supported ALLEN B WEST		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: FL District: 22	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016567			

  

Full Name (Last, First, Middle Initial) of Each Payee STRATEGIC MEDIA PLACEMENT				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 7669 STAGERS LOOP				Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0		Amount 85000.00			
City DELAWARE		State OH						ZIP Code 43015	
Name of Federal Candidate Supported KEITH J ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: PA District: 04	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016568			

  

Full Name (Last, First, Middle Initial) of Each Payee SMART MEDIA GROUP				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 814 KING ST      STE 400				Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0		Amount 85000.00			
City ALEXANDRIA		State VA						ZIP Code 22314	
Name of Federal Candidate Supported KEVIN W YODER		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: KS District: 03	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016593			

  

SUBTOTAL of Expenditures This Page (optional) .....				255000.00			
TOTAL This Period (last page this line number only) .....							

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 3183 / 3187

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Mailing Address 320 1ST ST SE	
		City WASHINGTON	State DC      ZIP Code 20003

  

Full Name (Last, First, Middle Initial) of Each Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC				Purpose of Expenditure MEDIA		Category/Type	
Mailing Address 815 SLATERS LANE							
City ALEXANDRIA		State VA		ZIP Code 22314		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Name of Federal Candidate Supported RANDOLPH ALTSCHULER		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: NY District: 01		Amount 79050.00	
Aggregate General Election Expenditure for this Candidate ▶				79050.00		Transaction ID: SF25-0.016594	

  

Full Name (Last, First, Middle Initial) of Each Payee MCNALLY TEMPLE AND ASSOCIATES INC				Purpose of Expenditure MEDIA		Category/Type	
Mailing Address 1817 CAPITOL AVE							
City SACRAMENTO		State CA		ZIP Code 95811		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Name of Federal Candidate Supported DAVID JEFFREY HARMER		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: CA District: 11		Amount 84995.00	
Aggregate General Election Expenditure for this Candidate ▶				84995.00		Transaction ID: SF25-0.016595	

  

Full Name (Last, First, Middle Initial) of Each Payee GREENER AND HOOK LLC				Purpose of Expenditure MEDIA		Category/Type	
Mailing Address 2101 WILSON BLVD      STE 402							
City ARLINGTON		State VA		ZIP Code 22201		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Name of Federal Candidate Supported MATT DOHENY		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: NY District: 23		Amount 85000.00	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016596	

  

SUBTOTAL of Expenditures This Page (optional) .....				249045.00			
TOTAL This Period (last page this line number only) .....							

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 3184 / 3187

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Mailing Address 320 1ST ST SE City: WASHINGTON    State: DC    ZIP Code: 20003	

  

Full Name (Last, First, Middle Initial) of Each Payee ONMESSAGE INC				Purpose of Expenditure MEDIA		<input type="text"/> Category/Type			
Mailing Address 2130 PRIEST BRIDGE DR # 11				Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0		Amount 85000.00			
City CROFTON		State MD						ZIP Code 21114	
Name of Federal Candidate Supported JAMES B RENACCI		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: OH    District: 16	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016597			

  

Full Name (Last, First, Middle Initial) of Each Payee GREENER AND HOOK LLC				Purpose of Expenditure MEDIA		<input type="text"/> Category/Type			
Mailing Address 2101 WILSON BLVD    STE 402				Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0		Amount 85000.00			
City ARLINGTON		State VA						ZIP Code 22201	
Name of Federal Candidate Supported MICHAEL GRIMM		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: NY    District: 13	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016612			

  

Full Name (Last, First, Middle Initial) of Each Payee THE VICTORY GROUP INC				Purpose of Expenditure MEDIA		<input type="text"/> Category/Type			
Mailing Address 1220 HILLSHIRE RD				Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0		Amount 85000.00			
City BALTIMORE		State MD						ZIP Code 21222	
Name of Federal Candidate Supported DAVID RIVERA		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: FL    District: 25	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016613			

  

SUBTOTAL of Expenditures This Page (optional) .....		▶		255000.00	
TOTAL This Period (last page this line number only) .....		▶			

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 3185 / 3187

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Mailing Address 320 1ST ST SE	
		City WASHINGTON	State DC      ZIP Code 20003

  

Full Name (Last, First, Middle Initial) of Each Payee COMMUNICATIONS COUNSEL INC				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 37 W BROAD ST      STE 325				Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0		Amount 85000.00			
City COLUMBUS		State OH						ZIP Code 43215	
Name of Federal Candidate Supported BILL JOHNSON		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: OH    District: 06	
Aggregate General Election Expenditure for this Candidate ►				85000.00		Transaction ID: SF25-0.016621			

  

Full Name (Last, First, Middle Initial) of Each Payee CROSSROADS MEDIA LLC				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 66 CANAL CENTER PLAZA      STE 555				Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0		Amount 85000.00			
City ALEXANDRIA		State VA						ZIP Code 22314	
Name of Federal Candidate Supported CHRISTOPHER PATRICK GIBSON		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: NY    District: 20	
Aggregate General Election Expenditure for this Candidate ►				85000.00		Transaction ID: SF25-0.016622			

  

Full Name (Last, First, Middle Initial) of Each Payee STRATEGIC MEDIA PLACEMENT				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 7669 STAGERS LOOP				Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0		Amount 85000.00			
City DELAWARE		State OH						ZIP Code 43015	
Name of Federal Candidate Supported THOMAS ANTHONY MARINO		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: PA    District: 10	
Aggregate General Election Expenditure for this Candidate ►				85000.00		Transaction ID: SF25-0.016643			

  

SUBTOTAL of Expenditures This Page (optional) .....		255000.00	
TOTAL This Period (last page this line number only) .....			

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 3186 / 3187

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Mailing Address 320 1ST ST SE City: WASHINGTON    State: DC    ZIP Code: 20003	

  

Full Name (Last, First, Middle Initial) of Each Payee CROCKER CONSULTING				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 50 BIRCHILL RD				Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0		Amount 50094.75			
City CENTERVILLE		State MA						ZIP Code 02632	
Name of Federal Candidate Supported JEFFREY DAVIS PERRY		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: MA    District: 10	
Aggregate General Election Expenditure for this Candidate ▶				50094.75		Transaction ID: SF25-0.016644			

  

Full Name (Last, First, Middle Initial) of Each Payee STRATEGIC MEDIA PLACEMENT				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 7669 STAGERS LOOP				Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0		Amount 73000.00			
City DELAWARE		State OH						ZIP Code 43015	
Name of Federal Candidate Supported JOE HECK		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: NV    District: 03	
Aggregate General Election Expenditure for this Candidate ▶				73000.00		Transaction ID: SF25-0.016679			

  

Full Name (Last, First, Middle Initial) of Each Payee STRATEGIC MEDIA PLACEMENT				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 7669 STAGERS LOOP				Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0		Amount 85000.00			
City DELAWARE		State OH						ZIP Code 43015	
Name of Federal Candidate Supported MICHAEL G FITZPATRICK		Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: PA    District: 08	
Aggregate General Election Expenditure for this Candidate ▶				85000.00		Transaction ID: SF25-0.016680			

  

SUBTOTAL of Expenditures This Page (optional) .....		▶		208094.75	
TOTAL This Period (last page this line number only) .....		▶			

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 3187 / 3187

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	
If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Mailing Address 320 1ST ST SE	
		City WASHINGTON	State DC      ZIP Code 20003

  

Full Name (Last, First, Middle Initial) of Each Payee MOONEY MARKETING GROUP LLC				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 318 S CLINTON ST      UNIT 501				Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0		Amount 85000.00			
City SYRACUSE		State NY						ZIP Code 13202	
Name of Federal Candidate Supported ANN MARIE BUERKLE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: NY    District: 25	
Aggregate General Election Expenditure for this Candidate ►				85000.00		Transaction ID: SF25-0.016698			

  

Full Name (Last, First, Middle Initial) of Each Payee SMART MEDIA GROUP				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 814 KING ST      STE 400				Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0		Amount 85000.00			
City ALEXANDRIA		State VA						ZIP Code 22314	
Name of Federal Candidate Supported BEN QUAYLE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: AZ    District: 03	
Aggregate General Election Expenditure for this Candidate ►				85000.00		Transaction ID: SF25-0.016699			

  

Full Name (Last, First, Middle Initial) of Each Payee SRH MEDIA INC				Purpose of Expenditure MEDIA		Category/Type			
Mailing Address 2204 COUNTRYSIDE DR				Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		Amount 30000.00			
City SILVER SPRING		State MD						ZIP Code 20905	
Name of Federal Candidate Supported SCOTT EUGENE DESJARLAIS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential						State: TN    District: 04	
Aggregate General Election Expenditure for this Candidate ►				85000.00		Transaction ID: SF25-0.016812			

  

SUBTOTAL of Expenditures This Page (optional) .....		200000.00	
TOTAL This Period (last page this line number only) .....		1929521.75	